

**“SIMILLIMUM SELECTION BASED ON O. E. BOERICKE’S  
APPROACH FOR CASES WITH TYPE II DIABETES MELLITUS.”**

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**DOCTOR OF MEDICINE IN HOMOEOPATHY: M.D. (HOM.)**

**IN**

**REPERTORY**

**By**

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UNDER THE GUIDANCE OF

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SUBMITTED TO

**THE TAMILNADU Dr. M.G.R. MEDICAL UNIVERSITY, CHENNAI**

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**2019**

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Place: Kulasekharam

Date

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## **DECLARATION**

I, **Dr. MANJUSHA. A.**, do hereby declare that this Dissertation entitled, “**SIMILLIMUM SELECTION BASED ON O.E.BOERICKE’S APPROACH FOR CASES WITH TYPE II DIABETES MELLITUS**” is a bonafide work carried out by me under the direct supervision and guidance of **Dr. A. S. SUMAN SANKAR, M.D. (Hom.)**, Professor, Department of Repertory in partial fulfillment of the Regulations for the award of degree of **Doctor of Medicine (Homoeopathy)** in **REPERTORY** of THE TAMIL NADU DR. M.G.R MEDICAL UNIVERSITY, CHENNAI. This has not been submitted in full or part for the award of any degree or diploma from any University.

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## **ABSTRACT**

Diabetes is a growing public health problem. According to survey from World Health Organization (WHO) estimates that more than 180 million people worldwide have diabetes and it's number is likely to more than double by 2030. Type 2 Diabetes mellitus are very common in the population with a high prevalence throughout the world. Diabetes becoming more common in children, teenagers and adolescents which is a serious emerging and public health problem. According to various epidemiological surveys, clinical trials and other studies suggest that improvement in the quality of life for people with Diabetes Mellitus. Healthy eating habits and lifestyle for the entire population especially those predisposed to DM like offspring of diabetics could decrease the burden of DM. This study aims at the effectiveness of Boericke's approach indicating simillimum for Type II Diabetes Mellitus. This study has included 30 samples of cases through simple sampling technique. Each case are taken in detail and recorded according to the criteria's. The sample of cases are worked out and analyzed by Rand SF 36 Score. The study concluded after Rand SF 36 Score with patient quality of life marked improvement. As a result concluded that the efficacy of Homoeopathic treatment with Boericke's Repertory was effective and the simillimum selection of Boericke's approach is very effective in the management of Type II Diabetes Mellitus.

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### LIST OF ABBREVIATIONS

SL.NO	ABBREVIATION	EXPANSION
1.	<	Aggravation
2.	>	Amelioration
3.	A/F=	Ailments from
4.	%	Percentage
5.	D	Dose
6.	SD	Sara Disket
7.	SG	Sara Globule
8.	SL	Saccharum Lactis
9.	HS	At night
10.	TDS	Thrice daily
12.	F	Female
13.	M	Male
14	OPD	Outpatient department
15.	IPD	In patient department
16.	No.	Number
17.	Dr	Doctor
18	DM	Diabetes Mellitus

19.	QoL	Quality of life
20.	yrs	Years
21.	SL.NO.	Serial number
22.	ICMR	Indian Council of Medical Research
23.	MOS	Medical outcome study
24.	SF	Short Form Health Survey
25.	eg..	Example

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# **1. INTRODUCTION**

## **1.1. INTRODUCTION**

Diabetes is a growing public health problem world-wide. Diabetes mellitus in recent decades is attributed to various factors including ageing, urbanization, unhealthy diets, obesity and sedentary lifestyles. A survey conducted by World Health Organization (WHO) estimates that more than 180 million people worldwide have Diabetes and it's number is likely to more than double by 2030. <sup>[10]</sup> India is expected to be the first in the number of Diabetes cases by the year 2020 as announced by W.H.O. The increase in incidence of diabetes in developing countries, like India, follows the trend of urbanization and lifestyle, perhaps most importantly a "Western-style" diet and sedentary livelihood.

DM is one of the oldest known diseases. So it was first reported in Egyptian manuscript about 3000 years ago. <sup>[35]</sup> In Indian medicine diabetes has been recognized from ancient times. In the two authoritative treatises of Indian medicine (Charakasamhita and Susruta Samhita compiled about 600 and 400 BC respectively) the disease is described as Madhumeta which means sweet. The first complete clinical description of diabetes was given by the Ancient Greek Physician Aretaeus of Cappadocia (1<sup>st</sup> century of AD) who noted the excessive amount of urine and gave the name "Diabetes". In medieval Persia, Avicenna (980-1037) gave a detailed account on Type 2 diabetes mellitus in the cannon of medicine. He also described diabetic gangrene and its treatment which is still prescribed in modern times. Johann Peter Frank (1745-1821) has first differentiated between Diabetes mellitus and Diabetes insipidus. Prevalence and

incidence of diabetes mellitus have occurred globally. Previously it was a disease of the middle aged and elderly persons but now it is found in all age groups. This disease is gradually playing the whole world as that the most common and most prevalent clinical syndrome.

Homoeopathy considers health as a state indicating harmonious functioning of the life force. Homoeopathy is a medical system, having fixed principle of “*Similia Similibus Curantur*”, ascertained from the Nature’s law of cure. Homoeopathy is found to be having much efficacy in treating Type 2 diabetes mellitus because of its systemic analysis and holistic approach of considering body, mind and disease and with the concept of individualization and dynamization. Type 2 Diabetes is initially managed by increasing exercise and dietary modification if blood glucose levels are not adequately lowered by these measures, medications may needed.

Regarding Boericke’s Repertory, it is the most widely used general clinical repertory. The wide acceptance of this repertory is due to the uniqueness of arrangement of rubrics and this makes the repertory ideal than any other clinical repertories. The representation of rubrics in this repertory also make a good role in its popularity, because here the technical or clinical practice which are the only information usually obtained from day to day clinical practice used as rubrics. In the modern homoeopathic era the repertory has become the different approach to finding the simillimum. Several researches were carried out to reevaluate the symptoms presented in the repertories as rubrics and thereby refining the homoeopathic literature. This research focuses on introducing Boericke’s approach for selection of simillimum in Type 2 Diabetes Mellitus.

According to Boericke's repertory, many clinical rubrics are included in diabetes mellitus. Some important rubrics are polyuria, polydipsia, polyphagia etc. This repertory arranged in 25 chapters, in which the headings and sub-headings and specific conditions or symptoms are arranged in alphabetical order. The use of Boericke's Repertory in treating diabetes symptoms would be very much helpful. In this Repertory, all headings when extensive in scope are presented under definite captions in the following order: Cause, Type, Location, Character of pain, Concomitants and Modalities (Aggravations and amelioration).

The evaluation of symptoms before and after followed according to the symptomatology of ICMR diagnostic criteria is analysed through the MOS SF 36 questionnaire. However the rubrics of the repertory are evaluated along with the confirmation from Materia medica of the corresponding remedy. By this study, Boericke's approach for selection of simillimum is very effective in the management of Type 2 Diabetes mellitus. This research also intended to evaluate the frequently used rubrics and validating them.

## **1.2. NEED FOR THE STUDY**

Type 2 Diabetes is a common burden worldwide with significant social and financial problems and its management is difficult. The Boericke's Materia medica is used by many, but the repertory to Boericke's manual by Oscar Eugen Boericke is scarcely used. Some of them use this as a quick reference. By this study, I wish to show that improvement of the patient can be made by quality of life, through the simillimum selection using the rubrics from pocket manual of Homoeopathic Materia Medica and Repertory by Oscar Eugen Boericke.



## **2. AIMS AND OBJECTIVES**

- To find out effectiveness of O. E. Boericke's approach indicating simillimum for Type II Diabetes Mellitus.
- To prepare a data base for assessing frequently used rubrics for Type II Diabetes.

### **3. REVIEW OF LITERATURE**

#### **3.1 INTRODUCTION**

Diabetes Mellitus is a group of metabolic disorders characterized by chronic hyperglycemia associated with disturbances of carbohydrate, fat and protein metabolism due to absolute or relative deficiency in insulin secretion and action. <sup>[10]</sup> Diabetes causes long term damage, dysfunction and failure of various organs especially the eyes, kidneys, nerves, heart and blood vessels. Diabetes is a Greek word meaning “a passer through a siphon” and “Mellitus” derives from the Greek word for ‘Sweet’. <sup>[13]</sup>

#### **3.2 EPIDEMIOLOGY**

The world health organization (WHO) estimates that more than 180 million people worldwide have diabetes and it's number is likely to more than double by 2030. <sup>[2]</sup> Type 2 diabetes mellitus are very common in the population with a high prevalence throughout the world. Type 2 Diabetes is by far the most common form of diabetes, accounting for 85 to 95% of cases in developed nations and an even higher percentage in developing nations, according to the international diabetes federation. Recent statistical data reveals that, seven out of top ten countries with the largest number of Diabetes patients are in low- middle income countries. Such countries including India, China, Russia, Brazil, Pakistan, Indonesia and Bangladesh. Type 2 DM becoming more common in children, teenagers and adolescents which is a serious emerging and public health problem.

Diabetes is predicted to continue to grow worldwide at epidemic proportions in the first quarter of the 21<sup>st</sup> century. The growth will be particularly strong in India and China, which lead the world in the prevalence of diabetes, with 14.3% and 11.8% of prevalence, respectively in 1995.<sup>[2]</sup> In USA, which ranks third after India and China in the prevalence of diabetes, the growth rate is expected to be smaller; from 13.9 million in 1995 to 21.9 in 2025. The growth in number of people with diabetes is expected to be fast in Pakistan, Indonesia, Egypt and Mexico and somewhat slow in Japan. Recent studies of geographical and ethnic influences have shown that people of Indian origin are highly prone to diabetes. In India it is estimated that presently 19.4 million individuals are affected by Diabetes, which is likely to go up to 57.2 million by the year 2025. By the year 2025, India is predicted to have the most number of people with Diabetes Mellitus in the world. One of the literature research study shown that in Africa, majority of DM burden appears in Type 2 Diabetes Mellitus, with less than 10% of DM cases being Type 1 DM.<sup>[28]</sup> The prevalence of micro vascular complications of DM like retinopathy and nephropathy are comparatively lower in Indians, but prevalence of macro vascular complication of DM like premature coronary artery disease is much higher in Indians. According to Indian Council Medical Research(ICMR), the first national study on the prevalence of Type 2 Diabetes in India was done between 1972 and 1975.<sup>[34]</sup> It shows that the prevalence was 2.1 % in urban and 1.5 % in rural population.

### 3.3 AETIOLOGY

Diabetes mellitus are characterized by an absolute insulin deficiency or a genetic defect leading to defective insulin secretion, whereas other forms share insulin resistance as their underlying etiology.

According to the American Diabetes Association and World Health Organization, Diabetes can be classified into 4 groups. <sup>[20]</sup>

- Type 1 Diabetes Mellitus
- Type 2 Diabetes Mellitus
- Gestational Diabetes
- Other types of Diabetes (Monogenic Diabetes, Pancreatic Diabetes, Drug-induced Diabetes).

#### **Type I Diabetes Mellitus (Insulin Dependent Diabetes Mellitus)**

Type 1 Diabetes is hereditary in character and develops before the age of 30 yrs. It is considered to be an autoimmune process in which T lymphocytes infiltrate the islets of the pancreas and destroy the insulin – producing beta cell population. The patient has to depend on insulin for the control of Diabetes and survival. If the insulin is withheld, these people are very vulnerable to go into complications like Diabetic keto- acidosis.

## **Type II Diabetes Mellitus (Non- Insulin Dependent Diabetes Mellitus)**

Type 2 Diabetes is characterized by insulin resistance, which leads to hyperglycemia. Type 2 DM more typically develops with increase in age; it occurs in children, particularly in young adults.

### **1. Differentiating between Type I Diabetes Mellitus and Type II Diabetes Mellitus<sup>[20]</sup>**

	<b>TYPE 1 DIABETES</b>	<b>TYPE II DIABETES</b>
<b>Age at diagnosis</b>	Usually childhood and adolescence, but can occur in adults as well	Usually post-pubertal; most common in middle to later age groups
<b>Diabetes in 1st degree relative</b>	Unusual	Common
<b>Severe osmotic symptoms/ Ketosis at diagnosis</b>	Can occur	Rare
<b>Markers of insulin resistance</b>	Absent	Present
<b>C- Peptide assay</b>	Absence of beta-cell reserve	Preserved beta-cell reserve
<b>Pancreatic autoantibodies</b>	Present	Absent

### **Gestational Diabetes Mellitus**

This type of DM recognized during pregnancy which is significantly increased risk of type 2 diabetes mellitus and cardiovascular disease later after delivery.

### **3.4 RISK FACTORS OF DIABETES MELLITUS**

- Obesity
- Family history of Diabetes
- Physical inactivity
- Previously identified IGT
- History of gestational DM
- Delivery of large baby (>4kg)
- Hypertension
- Polycystic ovary syndrome
- Acanthosis Nigricans
- History of vascular diseases
- Older than 45 years
- Have had a baby with a birth weight more than nine pounds
- Have high blood pressure

### **3.5 PATHOPHYSIOLOGY**

Type 2 DM is characterized by impaired insulin secretion, insulin resistance, excessive hepatic glucose production and abnormal fat metabolism. A majority of peoples suffering from Type 2 DM are obese with central visceral adiposity. Adipose tissue plays an important role in the pathogenesis of Type 2 DM. In the early stages of disorder, glucose tolerance remains near normal, despite insulin resistance, because the pancreatic beta cells compensate by increasing insulin output. As insulin resistance and

compensatory hyperinsulinemia progress, the pancreatic islets in certain individuals are unable to sustain the hyperinsulinemic state. IGT, characterized by elevation in postprandial glucose, then develops. A further decline in insulin secretion and an increase in hepatic glucose production lead to overt diabetes with fasting hyperglycemia. Ultimately, beta cell failure may ensue.<sup>[16]</sup>

### **3.6 PATHOGENESIS**

Insulin resistance is the primary metabolic abnormality leading to the development of Type 2 Diabetes Mellitus. Insulin resistance is compensated by increased insulin secretion, which allows glucose metabolism to remain normal.

### **3.7 CLINICAL FEATURES<sup>[14]</sup>**

- Polyuria, polydipsia, polyphagia
- Weight loss, Fatigue, weakness
- Blurred vision
- Wounds that heal slowly
- Nausea
- Skin infections
- Patches of darker skin in areas of the body that have creases
- Breath that has a sweet, fruity, or acetone odor
- Reduced feeling in your hands or feet

Symptoms unique to women include:

- Vaginal and oral yeast infections and vaginal thrush
- Urinary infection, PCOD.
- Female sexual dysfunction

### **FEATURES OF TYPE II <sup>[5]</sup>**

<b>FEATURES</b>	<b>TYPE II</b>
Age	> 50 years
Duration of symptoms	Month to year
Body weight	Obese
Rapid dead without treatment with insulin	No
Ketonuria	No
Auto antibodies	No
Diabetic complications at diagnosis	25 percent
Family history of diabetes mellitus	Common
Other autoimmune disease	Uncommon

### **3.8 COMPLICATION OF TYPE 2 DIABETES MELLITUS**

The chronic complications of diabetes have been classified into micro vascular and macro vascular complication. The micro vascular complications are specific for diabetes and they constitute diabetes neuropathy, retinopathy and also the dilated Cardiomyopathy. <sup>[11]</sup>



Diabetic retinopathy:

The fact that diabetic retinopathy is the common cause of blindness in adults between 30 and 65 years of age. Retinal photocoagulation is the effective treatment provided. It is given at early stage when the patient is usually symptomless.

Diabetic neuropathy:

This is a relatively early and common complication in diabetic patient. The majority of cases are symptomless. There is evidence that the central nervous system affected in long - term complication.<sup>[11]</sup>

Classification of diabetic neuropathy:

- Somatic:-Somatic is an independent predictor of all and diabetes related mortality in type 2 diabetes patients.<sup>[6]</sup>
- Visceral or Autonomic:- Autonomic is a group of symptoms that occur when there is damage to the nerves that manage every day body function such as blood pressure, heart rate, sweating, bowel and bladder emptying and digestion.<sup>[7]</sup>

### 3.9 DIAGNOSIS

Criteria for the Diagnosis of Diabetes and glucose intolerance [6]

Normoglycemia	IFG/IGT	Diabetes
FPG <110mg/dl	FPG > 110 and <126 mg/dl (IFG)	FPG > 126 mg/dl
2-h PG < 140 mg/dl	2-h PG > 140 and < 200 mg/dl (IGT)	2-h PG > 200 mg/dl symptoms of Diabetes and causal plasma glucose concentration > 200 mg/dl

IFG - Impaired Fasting Glucose

IGT - Impaired Glucose Tolerance

FPG - Fasting Plasma Glucose

2-h PG- 2 hour post load Glucose test (oral glucose tolerance test) plasma glucose.

### **3.10 INVESTIGATION**

Diabetes being mainly a biochemical disease with several different but inter-related biochemical and molecular abnormalities, should always be diagnosed and managed with biochemical monitoring along with clinical examination. Fasting plasma glucose levels above 126 mg/dl (6.7 mmol/L) or postprandial plasma glucose levels above 200 mg/dl are diagnostic. It is always better to do both estimations to confirm the diagnosis. Estimation of FBS & PPBS has become mandatory investigations in all health check-up examinations.

- **URINE TEST**

These tests can be used for initial screening and follow-up of cases under treatment

- **BLOOD GLUCOSE EXAMINATION**

Blood glucose estimations are mandatory for confirming the diagnosis of diabetes. Both fasting and postprandial values should be estimated. In mild diabetes, the fasting blood sugar values may be below 126 mg/dl and therefore the diagnosis is likely to be missed if only the fasting blood sugar is estimated.

- **GLUCOSE TOLERANCE TEST**

The oral glucose tolerance test (OGTT) for diagnosis of diabetes when blood glucose levels are equivocal, during pregnancy, or in an epidemiological setting to screen for diabetes and impaired glucose tolerance.

- **GLYCOSYLATED HAEMOGLOBIN**

Glycosylation is an irreversible non-enzymatic process. It depends directly on the blood levels of glucose. Once the haemoglobin is glycosylated, it remains in circulation as such till the erythrocyte complete its life span. The percentage of HbA1C has been used as a guide to the presence and level of hyperglycaemia during the past 3 months. A diabetic is considered to be well controlled with HbA1C is below 6.5%. It is under good control if it is between 6-8%. It is fairly controlled if the percentage is in between 8-10%. It is poorly controlled if it is between 10-12 %. Diabetes is very poorly controlled if it is greater than 12.

### **3.11 MANAGEMENT OF DIABETES MELLITUS:**

Diabetes can be controlled by 5 different activities <sup>[10]</sup>

1. Education
2. Diet
3. Drug
4. Physical Activity
5. Discipline in life styles

## 1. Education

Educational awareness is to understand the illness in patient and family members. It helps to support the diabetics in making several life style changes required. Educational programming is to motivate the patient, to learn methods of controlling the disease, acceptable changes in lifestyle and any complication and emergencies of that disease.

## 2. Diet

Diet is one of the daily routine part of diabetic patients. Diabetic patients should need to take nutritionally well balanced diet with some regulations to maintain health. Fruits: one fruit of one variety is the recommended amount at a time. Some fruits such as banana, mango, jackfruits and grapes should be avoided. Fasting is not advisable for Diabetic patients' especially non- obese patients.

Special food for diabetics:

- Bitter guard contains high quantity of plant insulin and lowers blood sugar effectively.
- Flax seed – Richest source of omega 3 fatty acids controls diabetes.
- Water extracts of cinnamon has found to promote glucose metabolism and control cholesterol.
- ✓ Avoid smoking and tobacco
- ✓ Alcohol should be avoided
- ✓ Reduce salt intake.
- ✓ Eat more fibre rich foods such as leaves, green vegetables, salads etc.
- ✓ Avoid sweet in any form. Do not add sugar in tea or coffee.

### 3. Drug

Some patients who are not controlled on diet and exercise will need oral medicine for their control especially type 2 diabetes patients. When taking oral medication then patient should follow the doctors' instructions. Balanced meals and physical activity are controlled during medication.

### 4. Physical activity(Exercise)

Physical work is very important in controlling diabetes. Walking at least for 60 minutes daily is very necessary in diabetics.

- Helps body to use insulin more effectively.
- Can lower blood glucose level.
- Reduces body fat and increases muscle bulk and strength
- Helps in reducing risk factors of heart disease
- Lowers blood pressure

### 5. Discipline in life styles

Discipline is a key to diabetes management.

- Take balanced food regularly and adequately
- Exercise regularly and adequately
- Do not stop diabetes treatment without consulting the health worker
- Take good care of feet.
- Avoid sweet, sugar, honey and all food sweetened with sugar or honey

### 3.12 O.E.BOERICKE'S CLINICAL REPERTORY

Clinical repertory can be used in the study of homoeopathic therapeutics as well as Materia medica. There are many clinical repertories available, but two of them are well known as General clinical repertories. They are clinical repertory by J.H.Clarke and Materia medica with Repertory by O.E.Boericke

The most widely used bedside clinical repertory attached to Pocket Manual of Homoeopathic Materia Medica by William Boericke's. <sup>[4]</sup> Since 3<sup>rd</sup> edition, repertory part introduced, around the period of 1906 - 07. The repertory part is compiled by Oscar Eugene Boericke. The different editions of which are published as follows:

- 3<sup>rd</sup> edition: 1906, published by Boericke and Runyan.
- 5<sup>th</sup> edition: 1912, published by Boericke and Tafel.
- 6<sup>th</sup> edition: 1916, published by Boericke and Runyan.
- 8<sup>th</sup> edition: 1922, published by Boericke and Runyan.
- 9<sup>th</sup> edition: 1927, published by B.Jain Publishers

Clinical repertory consists of an index of remedies applicable to various, more or less, fixed symptom-syndromes to which nosological labels can be given. <sup>[27]</sup> Eg, drugs for pneumonia, diabetes, nephritis etc. In this repertory author mentioned that when the characteristic symptoms of a remedy are marked in any case, the name of the disease the patient may be suffering from is of no importance in selection of remedy. So the selection of remedy which corresponds to the general, peculiar or characteristic symptoms of the patient must be given. Clinical repertory which deals with the grouping of remedies generally indicated for specific disease-conditions, classified nosologically bearing

specific names. Boericke's clinical repertory, the work under consideration, has arranged its contents in such a way that there is a happy synthesis between a symptom-repertory and a clinical repertory.

## PLAN AND CONSTRUCTION

This repertory has 290 pages of information, which is classified under 25 chapters. Following Hahnemannian anatomical schema of *Materia Medica Pura*. It can be seen that this macro- construction is a harmonious blend of the anatomical parts and the systems. Heading, sub- headings and specific conditions or symptoms are arranged in alphabetical order, a headings when extensive in scope –eg., Headache, are presented under definite captions in the following order: CAUSE, TYPE, LOCATION, CHARACTER OF PAIN, CONCOMITANTS and MODALITIES–i.e., AGGRAVATIONS AND AMELIORATIONS. To preserve uniformity, the technical names of diseases are bracketed, thereby assuming a subsidiary place, which is in strict accord with the homoeopathic requirement.

Rubrics in each chapter are in BOLD CAPITAL. Sub rubrics in roman bold at first indention and are arranged alphabetically. Cross references are given after the remedies for the particular rubric or sub rubric.

## FEATURES

- The largest section is Female Sexual System, spread over 24 pages.
- The smallest section is Tongue spread over only one page
- The largest numbers of rubrics are in Skin Section, it has 102 main rubrics.

## Scope <sup>[13]</sup>

1. Clinical repertories can be used in the study of Homoeopathic therapeutics as well as *Materia medica*.
2. Clinical repertories help in finding out the *simillimum* in a specific clinical condition.
3. Clinical repertories contain some rubrics, which are not found in other general repertories, so they can become a good companion in the study of such rubrics.
4. They are used as quick reference books at the bedside.
5. Clinical repertories help us to find the most appropriate palliative medicine in incurable cases.

The importance of clinical repertories in homoeopathy cannot be neglected, (Considering FN & 235 of *organon of medicine* 5<sup>th</sup> edition) though Master Hahnemann has criticized treatment of so called disease entities, as it is a personal event to an individual: but it is impossible to build a science merely by compiling a great number of individual observations <sup>[32]</sup>. It is a *prima facie* method of reducing the number of probable similar drugs for a disease condition bearing a nosological label.

### 3.13 SF 36 QUESTIONNAIRE <sup>[14]</sup>

A 36-item short-form (SF 36) was constructed to survey health status in the medical outcomes study <sup>[7]</sup>. The SF 36 was designed for use in clinical practice and research, health policy evaluations, and general population surveys. The SF– 36 includes one multi – item scale that assesses eight health concepts:



1. Limitations in physical activities because of health problems.
2. Limitations in social activities because of physical or emotional problems.
3. Limitations in usual role activities because of physical health problems
4. Bodily pain
5. General mental health (psychological distress and well- being)
6. Limitations in usual role activities because of emotional problems
7. Vitality (energy and fatigue)
8. General health perceptions

Health related quality of life (HRQOL), questionnaire (SF-36) with its 36 questions measures physical, mental, social, emotional and general health status along with vitality and body pain. These 36 items, presented here, are identical to the MOS SF-36 described in Ware and Sherbourne(1992).<sup>[36]</sup> This is an effective and standard tool to understand individual's mental, emotional, social, physical and general health status.

### **3.14 HOMOEOPATHIC CONCEPT OF DIABETES MELLITUS**

Homoeopathically, Diabetes can be defined as a chronic miasmatic disease affecting the metabolism of carbohydrate, protein and fat resulting in a state of hyperglycemia, as a consequence of either reduced insulin secretion,<sup>[17]</sup> decreased glucose utilization and increased glucose production. Each patient has a specific constitution. The constitutional treatment is only way for the treatment of DM along with proper diet and exercise. Every homoeopath aims to identify the disease and treat it with the similar remedy. When the disease state is removed, the diabetes loses its grip like a creeper without a stick.<sup>[33]</sup>

Dr. Hahnemann states in 'Chronic disease' that DM is a Psoric manifestation.<sup>[6]</sup> Psora is a fundamental miasm of the all disease. In chronic miasmatic three miasm such as psora, syphilis and sycosis play the important role in the development of Type 2 Diabetes Mellitus. According to many stalwarts, DM belongs to a mixed miasmatic state of Psora and Sycosis

In Homeopathy, the remedy indicated in a certain case because the most similar medicine, when given to a person, will produce the symptom complex most nearly approaching that of the disease in question. Homoeopathic remedy will reproduce, as most exactly the symptoms of the similar disease. This remedy is called as Simillimum.  
[21]

Richard Hughes says that similarity between disease and drug action should thus be generic, specific and individual. <sup>[21]</sup>

#### Generic similarity

It is that expressed to make the case simile of drug action at all. On the other side if a person be ill, his remedy must be one capable of causing illness in the healthy. The class of affections from one of which the patient is suffering must be such as the drug is capable of producing. Eg: if his illness is febrile, his remedy must be pyreto- genetic

#### Specific similarity

It means forms capable of reproducing their kind. it constitute by major points

1. The drug shall have the same seat of action as the disease
2. Kind of action
3. Originating cause
4. Character of pain and other sensation present

## 5. Concomitants

### Individual similarity

Individualization is as important in therapeutic as it confessedly is in education. Still more decisive assure such indication for this choice of remedy in those anomalous morbid condition.at present let as consider individual as complementary to specific similarity. It is analyzed through the following characteristic,

- Constitutional temperament
- Mental and emotional state
- General modalities
- Side of body affected
- Specific time modalities

Dr. Hahnemann in Lesser writing, in part of “Medicine of Experience” mentioning that Diabetes is the exception of those few diseases that are always the same. But it is dissimilar & innumerable. So it must be regarded as an individual malady that never before occurred in the same manner and in the same circumstances as in the case before us.

### **3.15 RESEARCHES RELATED TO DIABETES MELLITUS**

1. The prevalence and pattern of complementary and alternative medicine use in Individuals with Diabetes.<sup>[15]</sup>

This study compared the prevalence and pattern of use of complementary and alternative medicine (CAM) in individuals with and without diabetes and identified

factors associated with CAM use. The 1996 Medical Expenditure Panel Survey, A nationally representative sample of the U.S. non-institutionalized civilian population, was analyzed. Estimates of CAM use in individuals with common chronic conditions were determined, and estimates of CAM use in patients with diabetes were compared with that in individuals with chronic medical conditions. Patterns of use and costs of CAM use in patients with diabetes were compared with those in non-diabetic individuals. Multiple logistic regressions was used to determine independent predictors of CAM use in individuals with diabetes, controlling for age, sex, race/ethnicity, household income, educational level, and co morbidity.

Individuals with diabetes were 1.6 times more likely to use CAM than individuals without diabetes (8 vs. 5%, P - 0.0001). In the general population, estimates of CAM use were not significantly different across selected chronic medical conditions, but diabetes was an independent predictor of CAM use. Among individuals with diabetes, older age (65 years) and higher educational attainment (high school education or higher) were independently associated with CAM use.

## 2. *Gymnema sylvestre* for Diabetes Mellitus: A Systematic Review<sup>[25]</sup>

The study was published in 'The Journal of Alternative and Complementary Medicine' in Volume: 13 Issue 9: November 30, 2007. The study was being done by Matthew J. Leach from School of Health Sciences, University of South Australia, North Terrace Adelaide, South Australia.

In this study, author explains about the common issues affecting in the quality of life of diabetic patients and the scope of treatment with *Gymnema* extract in managing

those patients there by improvement in life situation.

3. Comparison of Periodontal and Socioeconomic Status between subjects with Type II Diabetes Mellitus and Non-Diabetic Controls<sup>[22]</sup>

The study was a group work of efficient panel of physicians. The background of this study was related with the association among periodontal conditions, socioeconomic status (SES), and diabetes has been reported. However, there is a lack of published data comparing periodontal conditions among individuals with poorly controlled type 2 diabetes mellitus (T2D). The aim of the present study was to compare the periodontal conditions and SES between subjects with T2D and non-diabetic controls.

A total of 75 (31 males and 44 females) individuals with T2D (62 poorly controlled and 13 well-controlled) and 99 non-diabetic patients (healthy controls; 51 males and 48 females) participated in the study. Plaque index (PI), bleeding on probing (BOP), and probing depth (PD) were investigated. Random blood glucose level was recorded. The result was obtained as individuals with poorly controlled T2D had a lower SES compared to patients with well-controlled T2D ( $P < 0.05\%$ )

4. A study on the Homoeopathic Approach of Type 2 Diabetes Mellitus : Dr. Amit Bikram Basu<sup>[9]</sup>

Diabetes mellitus is a chronic disease either due to deficiency of insulin or due to diminished effectiveness to insulin. It affects the metabolism of carbohydrate, protein, fat, water and electrolytes and is often associated with grave consequence. Essential feature of DM is hyperglycemia. There may be presence of sugar in urine or not. Diet is the sheet anchor role of treatment in obese elderly diabetics and uses supplement to homoeopathic constitutional therapy, on the basis of strict individualization may control the

hyperglycemia and prevent many complication and as well as increase the life expectancy.

5. A case of Diabetic peripheral neuropathy treated with Zincum met in low potency<sup>[23]</sup>

A Female patient aged 44 had taken insulin twice daily since the age of 6. Despite this her Diabetes was still unstable, with severe attacks of hypoglycemia for the last 10 years. She had Diabetic Peripheral neuropathy, with considerable pain, loss of sensation, stiffness in her limbs, and ulcers of her ankles and feet. The patient was prescribed Phytolacca and Agaricus, both for her pain. Agaricus was more painful and the patient was able to reduce her intake of painkillers. At the second visit Zincum metallicum 200c was prescribed. At the third visit one dose of Zincum metallicum 10M with regular doses of Zincum 6c potency was effective in reducing pain so that all conventional analgesics could be discontinued. Apis relieved wrist pain and fluid retention. Eight months later her neuritic pains were still controlled and she could now walk three quarters of a mile, rather than her previous limit of 20 yards.

6. Association between complementary and alternative medicine use, preventive care practices, and use of conventional medical services among adults with diabetes<sup>[19]</sup>

The association between complementary and alternative medicine (CAM) use, preventive care practices, and use of conventional medical services among 2,474 adults with diabetes was studied. An overall CAM-use category based on use of any of the following: diets, herbs, chiropractic care, yoga, relaxation, acupuncture, Ayurveda, biofeedback, chelation, energy healing, Reiki therapy, hypnosis, massage, naturopathy,

and homoeopathy were created. Results showed that a total of 48% of adults with diabetes used varying CAM. CAM use appears to be associated with increased likelihood of receipt of preventive care services. Increased emergency department and primary care visits may not be a barrier to use of conventional medical services in adults with diabetes.

#### 7. Use of complementary and alternative medicine by patients with diabetes mellitus<sup>[26]</sup>

A wide variety of alternative medicines have been traditionally used for the treatment of diabetes in India. A cross-sectional study to assess the use of complementary and alternative medicine by patients with diabetes attending our outpatient department of Motilal Nehru Medical College and Hospital was conducted. Four hundred and ninety-three patients attending the outpatient endocrine clinic for allopathic treatment were included. They were interviewed to assess their knowledge, awareness and methods of practice of non-allopathic forms of therapy. Information on the patient's background characteristics, family history of disease, existing knowledge of their disease and therapy was obtained. Results showed that the user rate of complementary and alternative medicine was 67.8% and this was not significantly associated with the educational or socioeconomic status of the patients. Desire for early and maximum benefit was the most common reason (86.8%) for using these remedies. The patients felt that acupressure followed by naturopathy were the most beneficial alternative therapies, while homoeopathy was felt to have the least benefit in the control of diabetes. It is therefore necessary to obtain objective data to assess the improvement in blood sugar level with, and side-effects of, these methods of treatment.

8. Effect of Homoeopathic Medicine Cephalandra Indica on Glucose Metabolism, Beta cells function and Insulin Resistance in Adults of Type 2 Diabetes: Double Blind, Placebo Controlled Cross Over Study<sup>[1]</sup>

Double blind placebo controlled cross over study was conducted on 100 Patients in the study and categorized into 2 groups, group 1 and group 2. After one month of stabilization period, Group 1 were given Homoeopathic medicine Cephalendra Indica and Group 2 with Placebo, followed by one month. After wards regimen was interchanged for 6 months. Biochemical and anthropometric data was recorded at baseline, at 3<sup>rd</sup> month and at 6<sup>th</sup> month, after stabilization, before and after washout and at the end of study. So in this study diagnosed as Type 2 Diabetes mellitus treated with Cephalendra Indica reduced FBS, HbA1c, Insulin resistance and also increased the Beta cell functioning. It shows hypoglycemic effect of Cephalandra indica.

9. Observational study of homoeopathic and conventional therapies in patients with diabetic polyneuropathy<sup>[29]</sup>

A prospective observational study of homoeopathic and conventional therapies in patients with Diabetic Polyneuropathy was assessed using short –form-36 (SF-36) questionnaire, and DNS score. Patients were followed from baseline (TO) for 6 months (T2), treatment was adjusted as necessary. Primary outcome was Diabetic Neuropathy Symptom (DNS) score, secondary outcomes were clinical evolution and short form- 36 (SF-36) evaluated quality of life (QOL). The finding shows that 32 out of 45 patients in



Homoeopathy group and 29 patients out of 32 in conventional group completed the study. The change with respect to baseline was statistically significant only in Homoeopathic group at T1 ( $p = 0.016$ ). There was a substantial stability of the electro neurophysiological values, blood pressure and body weight in both groups over the course of the observation. A slight decrease of fasting blood glucose and glycated hemoglobin in Homoeopathic group was found. QOL scores showed an improvement in Homoeopathic group only.

#### 10. Efficacy of Homoeopathic treatment for diabetic distal symmetric polyneuropathy: A multicentric randomized double –blind placebo- controlled clinical trial <sup>[12]</sup>.

This study was a double blind randomized placebo controlled clinical trial. On the basis of earlier observational studies and reportorial anamnesis of DDSP symptoms, 15 homoeopathic medicines have been identified. The validated scales are being used for evaluating the outcomes post-intervention. The primary outcome is change in Neuropathy Total Symptom Score-6 (NTSS-6) from baseline to 12 months. The secondary outcomes include the changes in HbA1c, peripheral nerve conduction test, World Health Organization Quality Of Life BREF (WHOQOL-BREF) and Diabetic Neuropathy Examination 9 DNE) Score at 12 months post intervention. This trial will help to construct a strategy for treating the patients with DDSP and for improving the quality of life of diabetic patients.

## **4. MATERIALS AND METHODS**

### **4.1 SOURCES OF DATA**

A sample of 30 cases had taken from the setting of OPD, IPD and Peripherals of Sarada Krishna Homoeopathic Medical College and Hospital.

### **4.2 METHOD OF COLLECTION OF DATA**

- Sample size – 30 cases
- Sampling Technique – Simple Random Sampling
- Random selection of 30 cases of Type 2 Diabetes Mellitus from the OPD, IPD and Peripheral centres of Sarada Krishna Homoeopathic Medical College.
- Problem of the patient has been defined by interview technique by a questionnaire MOS SF 36 and the data have been recorded in Sarada Krishna Homoeopathic Medical College Standard case record format.

### **4.3 INCLUSION CRITERIA**

- Both sexes are included.
- Patients between 30 to 65 years of age.

### **4.4 EXCLUSION CRITERIA**

- Patients suffering from other severe systemic diseases
- Age below 30 and above 65 years.
- Patient with complication of diabetes mellitus.

#### **4.5 STUDY DESIGN**

- Single group, experimental, before and after study without control.
- The study will be carried out in Sarada Krishna Homoeopathic Medical College hospital.
- The study conducted on the basis of diagnostic and statistical manual diagnostic criteria before and after.

#### **4.6 INTERVENTION**

- Through proper case analysis and reportorial totality, administering medicine according to homoeopathic principle.

#### **4.7 SELECTION OF TOOLS**

- Diagnosed based on the diagnostic and statistical manual criteria.
- Case taking with the help of Pre structured chronic case format.
- Assessing the changes through the diagnostic criteria provided.
- Proper reportorial approach using O. E. Boericke's Repertory.

#### **4.8 BRIEF OF PROCEDURES**

The study was carried out in IPD, OPD and Peripheral health centers of Sarada Krishna Homoeopathic Medical College.

30 cases were considered according to the study. Cases were recorded in the pre structured SKHMC case format. Cases were diagnosed according to the ICMR guidelines of diagnostic criteria for Diabetes mellitus. Then further assessment should be done using quality of life assessing by MOS SF 36 questionnaire. Case Taking and recording of problems in standardized case record format. Necessary investigation has done before

and after study. Reportorial approach according to O. E Boericke's clinical repertory was taken. Prescriptions were done with reference to standard text books of Materia Medica. Potency selection and repetition were done according to the principles laid down in the Organon of medicine. Recording were done in pre structured case format of SKHMC by interview technique, observation and investigations.

#### **4.9 OUTCOME ASSESSMENT**

- Rubrics used for selecting simillimum will be analyzed and preferred.
- Effectiveness of Boericke's approach indicating simillimum for Type II Diabetes mellitus.

#### **4.10 DATA COLLECTION**

Data will be collected by detailed case taking be recorded in the pre structured S.K.H.M.C. case format. Severity of Type II diabetes is monitored by the diagnostic criteria.

#### **4.11 STATISTICAL TECHNIQUES AND DATA ANALYSIS**

- Paired 't' test
- Data were presented in Tables, charts, graphs.

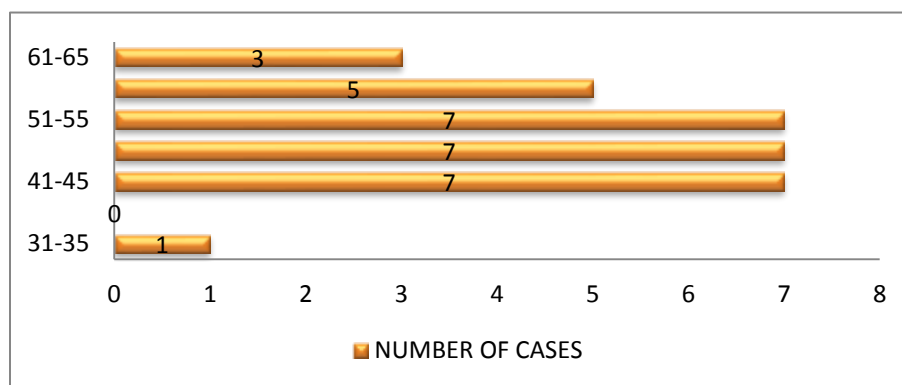
## 5. OBSERVATION AND RESULTS

The data collected from 30 patients with Type 2 DM, who have attended the outpatient department, In patient department and Rural Health centers of Sarada Krishna Homoeopathic Medical College Hospital, Kulasekharam are represented in this section. The observations result of this analysis is presented in the form of tables, diagrams and charts as below.

### 5.1 DISTRIBUTION OF CASES ACCORDING TO AGE

TABLE. NO. 1

AGE	NUMBER OF CASES	PERCENTAGE
31-35	1	4%
36-40	0	0%
41-45	7	23%
46-50	7	23%
51-55	7	23%
56-60	5	17%
61-65	3	10%

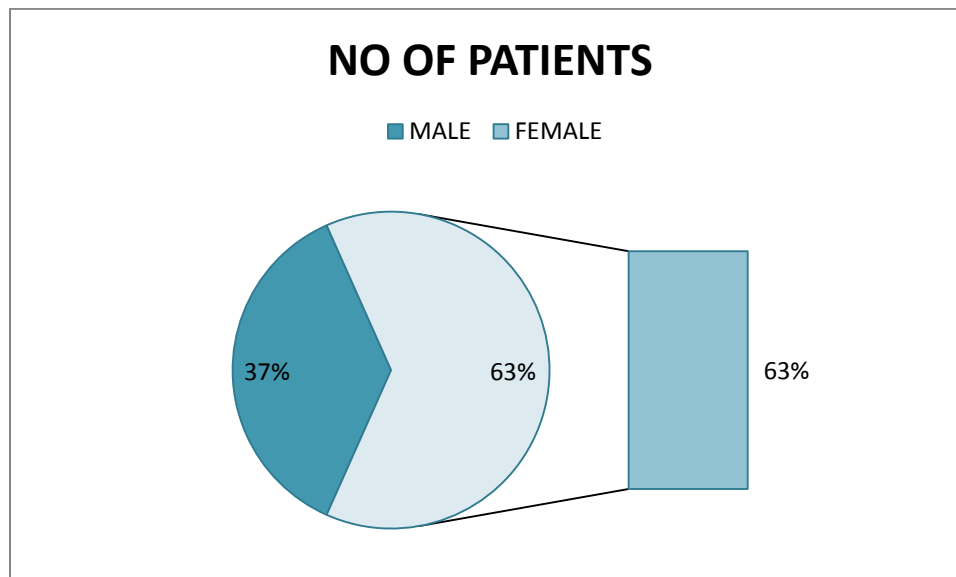


Findings: Among 30 cases of Type 2 Diabetes mellitus, the age varies between 30 – 65 yrs. Out of these, 7 cases [23%] are reported in the age group of (41-45), (46-50) and (51 - 55) respectively. 5 cases (17) are reported in age group of 56 - 60 yrs and 3 cases (10%) in age group of 61 - 65 yrs. Single case (4%) was reported by the age group 31-35 yrs. No cases were reported between 36 - 40 years of age.

## 5.2 DISTRIBUTION OF CASES ACCORDING TO SEX

TABLE. NO. 2

	NO OF PATIENTS	PERCENTAGE
MALE	11	37%
FEMALE	19	63%

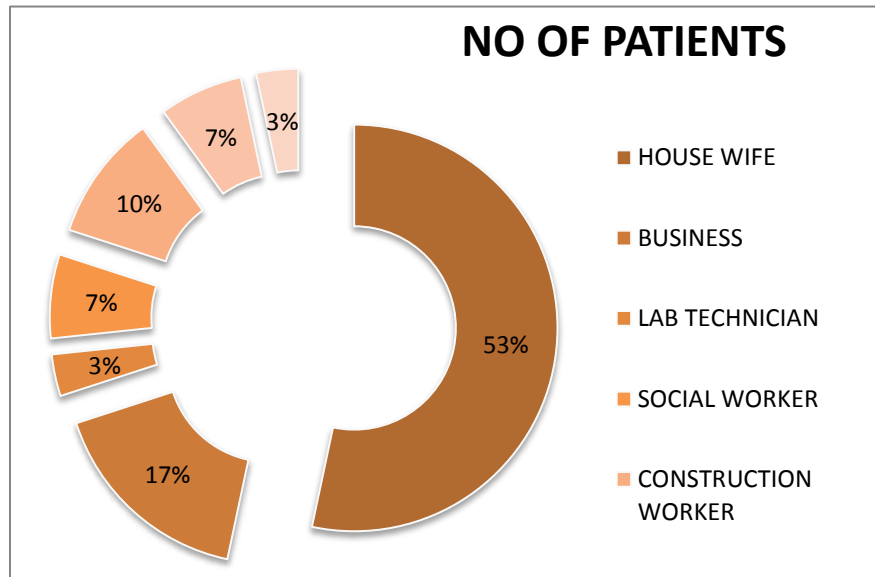


Finding: According to the sex distribution 63% patients are Female genders and 37% patients are Male genders.

### 5.3 DISTRIBUTION OF CASES ACCORDING TO NATURE OF OCCUPATION

TABLE. NO.3

NATURE OF OCCUPATION	NO OF PATIENTS	PERCENTAGE
HOUSE WIFE	16	53%
BUSINESS	5	17%
LAB TECHNICIAN	1	3%
SOCIAL WORKER	2	7%
CONSTRUCTION WORKER	3	10%
CONDUCTOR	2	7%
ANGAVADI WORKER	1	3%

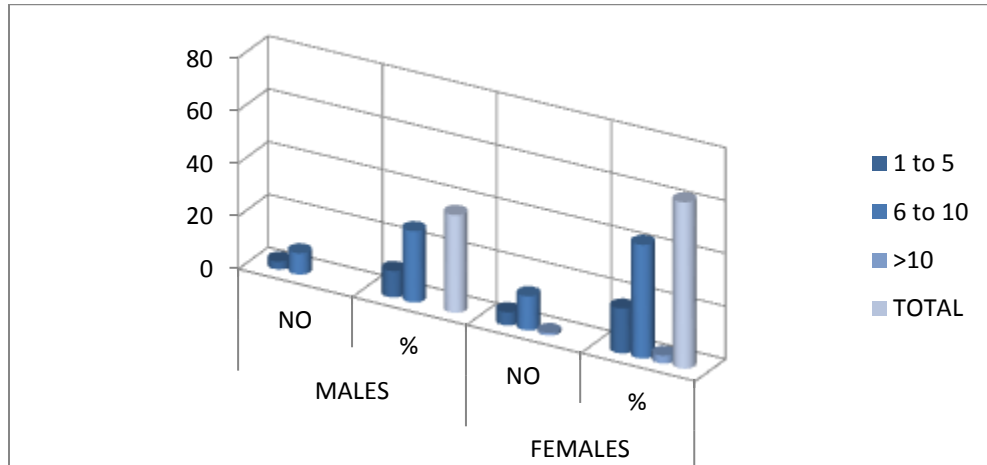


Findings: About the distribution of the occupation, 53% peoples are of Home affairs. Rest of them are Business people (17%), Lab Technician ( 3%), Social worker (7%) , Construction worker (10%), Conductor (7%) and Anganavadi worker (3%) respectively. by considering these datas, the people with sedentary habits are more chance to affect Diabetes.

## 5.4 DISTRIBUTION OF STUDY SUBJECTS ACCORDING TO DURATION OF DIABETES MELLITUS

**TABLE. NO. 4**

DURATION OF DIABETES (IN TEARS)	MALES		FEMALES	
	NO	%	NO	%
<b>1-5</b>	3	10	5	17
<b>6-10</b>	8	27	13	43
<b>&gt;10</b>			1	3
<b>TOTAL</b>	11	37	19	63



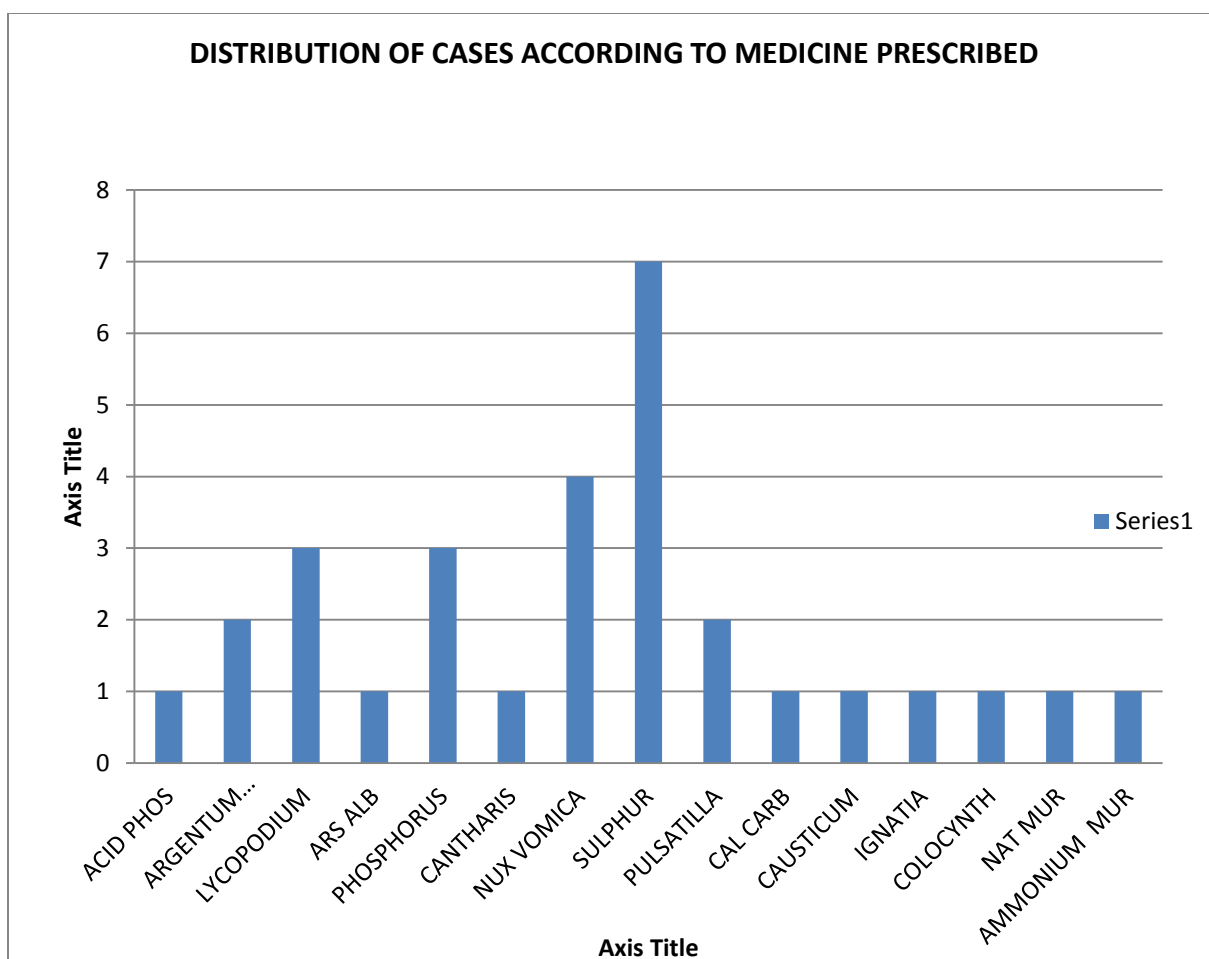
Out of 30 cases, 11 cases are males and 19 cases are females. In males , 8 cases (27%) are reported in 6-10 yrs and 3 cases (10%) in 1-5 yrs respectively. But in females, 13 cases (43%) are observed by the duration of 6-10 yrs, 5 cases (17%) in 1-5 yrs and remaining 1 cases (3%) in >10 yrs respectively. In the study, the duration of Diabetes observed mostly 6-10 yrs (70%).



## 5.5 DISTRIBUTION OF CASES ACCORDING TO MEDICINE PRESCRIBED

TABLE.NO.5

REMEDY GIVEN	NO OF CASES	PERCENTAGE
ACID PHOS	1	3%
ARGENTUM NIRICUM	2	7%
LYCOPodium	3	10%
ARS ALB	1	3%
PHOSPHORUS	3	10%
CANTHARIS	1	3%
NUX VOMICA	4	14%
SULPHUR	7	23%
PULSATILLA	2	7%
CAL CARB	1	3%
CAUSTICUM	1	3%
IGNATIA	1	3%
COLOCYNTH	1	3%
NAT MUR	1	4%
AMMONIUM MUR	1	4%



Findings: Among the 30 cases, Sulphur was given for 7 cases ( 23%) followed by Nux vomica for 4 (14%) cases, Lycopodium and Phosphorus for 3 cases (10%) each and Pulsatilla and Argentum nit for 2 cases (7%) each. The other medicines so far given are Acid phos 30, Ars alb 30, Cantharis 30, Calc carb 30, Causticum 30, Ignatia 30, Colocynth 30, Natrum mur 30 and Ammonium mur 30 with 3% each were prescribed based on holistic concept.

## 5.6 DISTRIBUTION OF CASES ACCORDING TO RUBRIC'S USED

TABLE.NO.6

	NO OF CASES	PERCENTAGE
<b>MIND - Emotions - Grief, sorrow.</b>	6	20
<b>LOCOMOTOR SYSTEM - Upper extremities - Pains –aching</b>	1	3.33
<b>URINARY SYSTEM -Urinary flow frequent desire -at night</b>	7	23.33
<b>URINARY SYSTEM - Diabetes -with Debility.</b>	9	30
<b>STOMACH-Indigestion dyspepsia- Cause- Nervous, unpleasant emotions.</b>	2	6.66
<b>GENERALITIES-Sensation of – Numbness.</b>	4	13.33
<b>STOMACH-Appetite-increased-Hungry- even after a meal.</b>	3	10
<b>URINARY SYSTEM - Emotions effects - Fright, fear.</b>	2	6.66
<b>URINARY SYSTEM-Diabetes - with - Emaciation, thirst, restlessness, melancholic.</b>	4	13.33
<b>MIND - Mood and disposition - Melancholic, despondent, depressed, gloomy.</b>	1	3.33
<b>URINARY SYSTEM – Diabetes - with - gouty symptoms</b>	4	13.33
<b>Mind-Emotions effects - Fear, fright.</b>	1	3.33
<b>STOMACH – Appetite – Increased – Hungry - At night.</b>	1	3.33
<b>ABDOMEN - Constipation, Cause and type, From - Mental shock, Nervous strain.</b>	4	13.33

<b>NERVOUS SYSTEM – Insomnia-causes-Emotional causes.</b>	1	3.33
<b>STOMACH – Appetite – Increased – Hungry - before noon</b>	1	3.33
<b>MIND - Emotions effects - Anger, bad news, disappointment, vexation.</b>	2	6.66
<b>CIRCULATORY SYSTEM-Heart-Palpitation - Causes -Emotional causes.</b>	1	3.33
<b>MIND - Confusion, Depression, Dullness</b>	1	3.33
<b>MIND - Mood and disposition – Sad - Sentimental, sighing.</b>	3	10
<b>Mind-Mood disposition - Anxious.</b>	2	6.66
<b>GENERALITIES - Mental labour, suffering from.</b>	1	3.33
<b>CIRCULATORY SYSTEM Heart - Palpitation Cause-Grief.</b>	1	3.33
<b>HEAD - VERTIGO, Cause and type - Mental exertion.</b>	1	3.33
<b>HEAD – Headache - Cause-Mental exertion or nervous exhaustion.</b>	1	3.33
<b>LOCOMOTOR SYSTEM - Upper extremities -Trembling.</b>	1	3.33
<b>STOMACH, pain (gastrodynia), Type, Burning as from ulcer.</b>	3	10
<b>STOMACH, pain (gastrodynia), at night.</b>	1	3.33
<b>STOMACH, pain (gastrodynia), - with, backache, anxiety.</b>	1	3.33
<b>URINARY SYSTEM – Urethra - Pain - constricting.</b>	2	6.66
<b>URINARY SYSTEM - Urethra - Burning, smarting heat.</b>	2	6.66
<b>STOMACH - Indigestion, dyspepsia - Type - catarrhal</b>	2	6.66
<b>STOMACH - Sensation - Empty, faint, sinking, all gone feeling</b>	1	3.33
<b>STOMACH - Symptoms and conditions - Pain - immediately after eating</b>	1	3.33

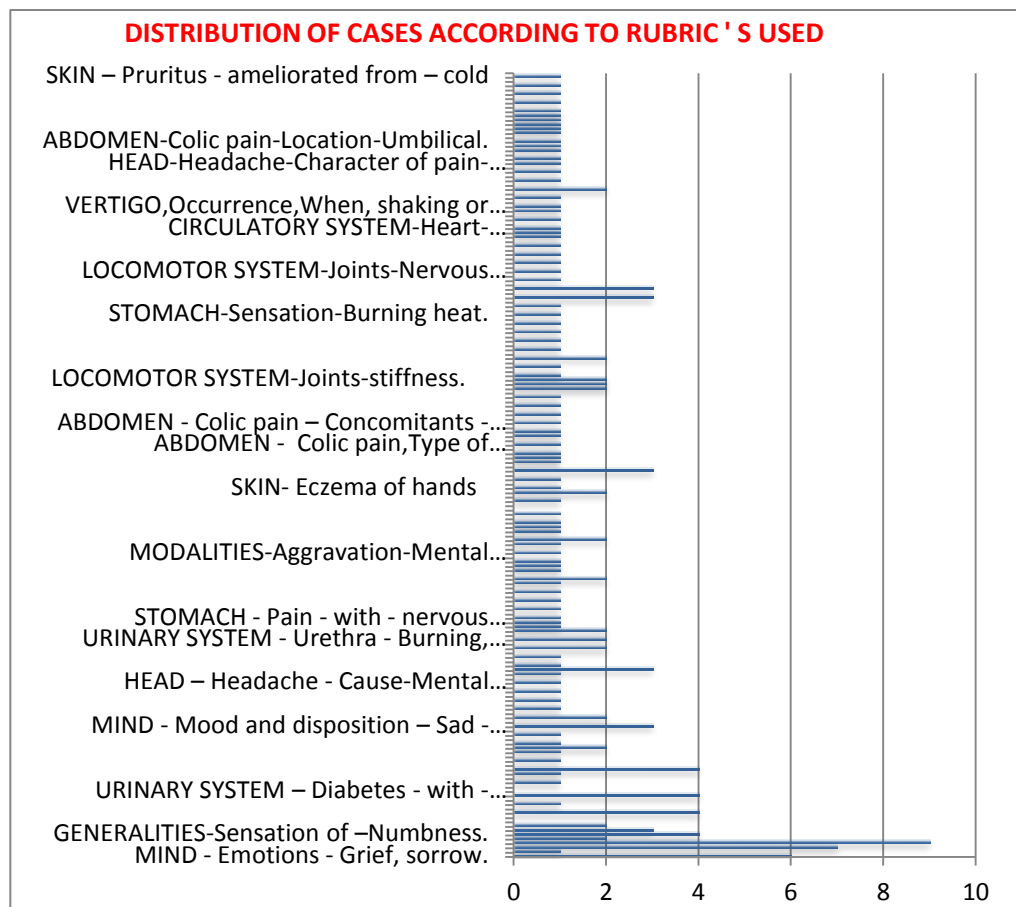
<b>STOMACH - Pain - with - nervous depression</b>	1	3.33
<b>LOCOMOTOR SYSTEM – Knees - pains, aching</b>	1	3.33
<b>LOCOMOTOR SYSTEM, Knees - Coldness</b>	1	3.33
<b>MODALITIES – Aggravation - Emotional excitement.</b>	1	3.33
<b>MODALITIES – Ameliorations – Air – cool – open</b>	1	3.33
<b>URINARY SYSTEM-Urine, Type, Burning, scalding hot.</b>	2	6.66
<b>URINARY SYSTEM-Urine-color, Appearance, red-dark</b>	1	3.33
<b>ABDOMEN-Constipation, Type of stool, Dry, with frequent urging.</b>	1	3.33
<b>ABDOMEN-Burning heat.</b>	1	3.33
<b>MODALITIES-Aggravation-Mental exertion.</b>	1	3.33
<b>MODALITIES-Aggravation-Evening.</b>	1	3.33
<b>LOCOMOTOR SYSTEM- Back, Pains, Aching, dull, constant(backache)</b>	2	6.66
<b>LOCOMOTOR SYSTEM-Back- Burning-between scapula</b>	1	3.33
<b>LOCOMOTOR SYSTEM -Back, Pains, Aggravation, At night</b>	1	3.33
<b>LOCOMOTOR SYSTEM – Back, pains, Amelioration, from urination</b>	1	3.33
<b>ABDOMEN - Constipation, Type of stool dry, difficult, scanty, knotty, ball or dung-like</b>	1	3.33
<b>ABDOMEN-Flatulency-Trembling in</b>	1	3.33
<b>ABDOMEN- constipation, Concomitants, sensation of, something behind</b>	2	6.66
<b>SKIN- Eczema of hands</b>	1	3.33
<b>SKIN - Eruptions - Dry, scaly.</b>	1	3.33

<b>GENERALITIES - Sensation of Burning.</b>	3	10
<b>SKIN - Pruritus, worse from scratching</b>	1	3.33
<b>SKIN - Pruritus, ameliorated from cold.</b>	1	3.33
<b>ABDOMEN-Colic pain Location, Umbilical (about Navel).</b>	1	3.33
<b>ABDOMEN - Colic pain, Type of pain, Colicky, crampy, constricting, cutting, gripping, pinching.</b>	1	3.33
<b>ABDOMEN - Colic pain, aggravation, about 4-5 p.m.</b>	1	3.33
<b>ABDOMEN - Colic pain, amelioration, from, hot applications or warmth.</b>	1	3.33
<b>ABDOMEN - Colic pain – Concomitants - Urine suppressed.</b>	1	3.33
<b>LOCOMOTOR SYSTEM - Soles - Pain, cramps.</b>	1	3.33
<b>LOCOMOTOR SYSTEM - Soles – numbness.</b>	1	3.33
<b>CIRCULATORY SYSTEM-Heart-Palpitations-Aggravation-from thinking of it.</b>	1	3.33
<b>LOCOMOTOR SYSTEM- Rheumatism-erratic, wandering pains</b>	2	6.66
<b>LOCOMOTOR SYSTEM- Rheumatism, joints, small</b>	2	6.66
<b>LOCOMOTOR SYSTEM-Joints-stiffness.</b>	2	6.66
<b>LOCOMOTOR SYSTEM- Rheumatism, Aggravation at night</b>	1	3.33
<b>LOCOMOTOR SYSTEM- Rheumatism, Amelioration in open air</b>	1	3.33
<b>LOCOMOTOR SYSTEM- Rheumatism, Concomitants, Restlessness</b>	2	6.66

<b>STOMACH- Pain -Type - Epigastric</b>	1	3.33
<b>STOMACH- Sensation-Trembling.</b>	1	3.33
<b>STOMACH - Pain with – Constipation</b>	1	3.33
<b>STOMACH – Pain-Ameliorated from-Vomiting.</b>	1	3.33
<b>STOMACH-Sensation-Burning heat.</b>	1	3.33
<b>STOMACH-Pain-Concomitants to gastralgia, with anemia.</b>	1	3.33
<b>ABDOMEN - Constipation, Type of stool, Dry with frequent urging.</b>	3	3.33
<b>GENERALITIES-Sensation of numbness</b>	3	10
<b>URINARY SYSTEM-Bladder-Feeling as if –chill rising from, to back.</b>	1	3.33
<b>LOCOMOTOR SYSTEM-Joints-Nervous restlessness.</b>	1	3.33
<b>URINARY SYSTEM-Bladder-Pain-Modalities-Aggravation-After urination.</b>	1	3.33
<b>URINARY SYSTEM-Bladder-Feeling as if –distended.</b>	1	3.33
<b>STOMACH-Indigestion, dyspepsia, Type, Atonic, nervous, acid.</b>	1	3.33
<b>STOMACH-Sensation-Heaviness, pressure as from stone or lump.</b>	1	3.33
<b>STOMACH- Pain-amelioration from-drinks –warm.</b>	1	3.33
<b>CIRCULATORY SYSTEM-Heart-Palpitations-Concomitants-with weakness, empty feeling.</b>	1	3.33
<b>CIRCULATORY SYSTEM-Heart-Palpitations-Aggravation-After eating.</b>	1	3.33
<b>VERTIGO, Concomitants, Palpitation, heart symptoms.</b>	1	3.33
<b>VERTIGO, Occurrence, When, shaking or turning head.</b>	1	3.33
<b>ABDOMEN-Flatulency- Distention, fullness, heaviness.</b>	1	3.33
<b>ABDOMEN, Constipation,</b>	2	6.66

<b>Concomitants, Backache.</b>		
<b>ABDOMEN - Constipation, Type of stool, Dry, difficult, scanty.</b>	1	3.33
<b>ABDOMEN-Constipation, Concomitants-Enuresis.</b>	1	3.33
<b>HEAD-Headache-Character of pain-Aching, dull</b>	1	3.33
<b>HEAD-Headache-Location-Frontal.</b>	1	3.33
<b>HEAD-Headache-Aggravation-bending head-forward.</b>	1	3.33
<b>ABDOMEN-Colic pain-Type of pain-Colicky, crampy, constricting</b>	1	3.33
<b>ABDOMEN-Colic pain-Location-Umbilical.</b>	1	3.33
<b>STOMACH - Symptoms and Conditions – Heartburn, pyrosis</b>	1	3.33
<b>STOMACH - Pain – With –Pain in throat and spine alternately</b>	1	3.33
<b>LOCOMOTOR SYSTEM - Feet -Pain-Aching, bruised</b>	1	3.33
<b>LOCOMOTOR SYSTEM - Feet – Numbness, formication, go asleep.</b>	1	3.33
<b>LOCOMOTOR SYSTEM - Feet - Itching - Worse on scratching, warmth of bed</b>	1	3.33
<b>SKIN - Pruritus of - hands, arms.</b>	1	3.33
<b>SKIN-Pruritus - followed by - bleeding, pains, burning.</b>	1	3.33
<b>SKIN - Pruritus - followed by – change of site of itch.</b>	1	3.33
<b>SKIN – Pruritus - Worse from - Scratching.</b>	1	3.33
<b>SKIN – Pruritus - ameliorated from – cold</b>	1	3.33

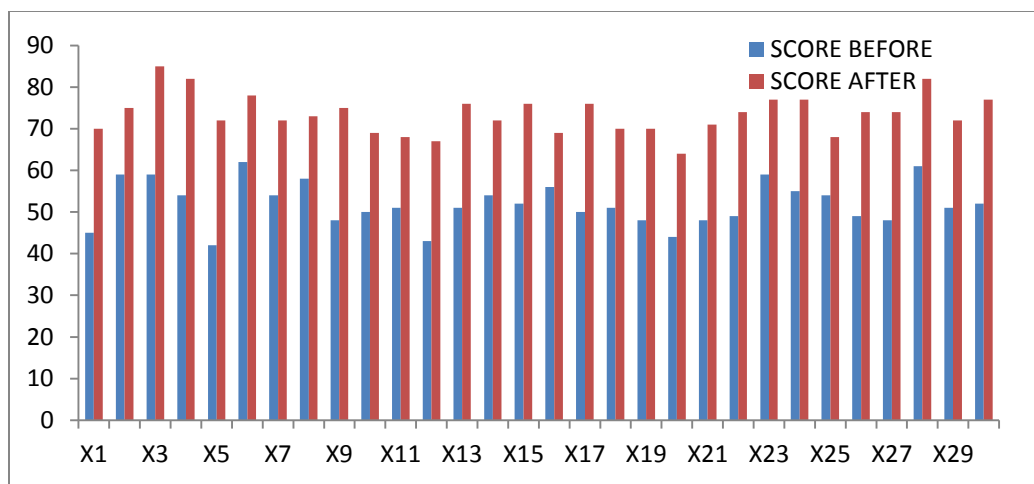




According to the rubric selected from the patient symptom in cases of Type 2 Diabetes mellitus the most frequently observed rubric from O. E. Boericke's Repertory are MIND - emotions - grief, sorrow (20%), URINARY SYSTEM - urinary flow frequent desire - at night (23.33%), URINARY SYSTEM - diabetes - with debility (30%), STOMACH - appetite - increased - hungry - even after a meal (10%), URINARY SYSTEM - diabetes - with - gouty symptoms (13.33%), ABDOMEN - constipation, cause and type, from - mental shock, nervous strain (13.33%), STOMACH, pain (gastrodynia), Type, Burning as from ulcer (10%), ABDOMEN - constipation, Concomitants, sensation of, something behind (6.66%), URINARY SYSTEM - Urethra - Burning, smarting heat (6.66%), ABDOMEN - Constipation, Type of stool, Dry with frequent urging (3.33%), URINARY SYSTEM - Urine, Type, Burning, scalding hot (6.66%), MIND - Mood and disposition - Sad -Sentimental, sighing (3.33%), URINARY SYSTEM - Diabetes - with - Emaciation, thirst, restlessness, melancholic (13.33%), GENERALITIES - Sensation of - Numbness (10%).

### 5.7 COMPARISON OF BEFORE AND AFTER TREATMENT SCORE BASED ON SF 36 SCORE

	Domain 1		Domain 2		Domain 3		Domain 4		Domain 5		Domain 6		Domain 7		Domain 8		Total score	
	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After
case 1	45	80	50	75	33.3	66.6	35	55	56	76	62.5	75	32.5	65	45	60	45	69
case 2	55	70	50	75	66.6	66.6	56	62.4	54	74	87.5	100	40	75	66	78	60	75
case 3	60	85	75	100	33.3	100	65	75	44	52	80	90	77.5	100	45	78	60	85
case 4	50	70	75	75	66.6	100	40	75	44	84	50	87.5	77.5	90	35	75	54	82
case 5	40	85	25	75	33.3	66.6	45	85	44	52	50	62.5	62.5	87.5	40	70	42	72
case 6	60	80	50	75	100	100	60	80	60	80	60	75	55	80	55	60	62	78
case 7	70	70	50	75	100	100	30	55	48	68	37.5	75	55	62.5	45	78	54	72
case 8	55	60	75	75	66.6	66.6	50	70	60	72	50	87.5	75	90	40	70	58	73
Case 9	60	80	25	75	66.6	100	45	60	50	80	55	90	45	55	45	65	48	75
Case10	75	80	50	50	33.3	66.6	40	75	54	70	37.5	77.5	60	75	55	60	50	69
case 11	50	60	75	100	33.3	33.3	35	45	55	75	45	80	75	100	45	55	51	68
case 12	45	65	75	75	33.3	100	50	65	56	65	40	55	50	62.5	50	55	43	67
case 13	50	80	75	100	33.3	100	55	65	44	52	50	87.5	60	65	45	65	51	76
case 14	40	75	50	75	66.6	66.6	45	75	48	58	46	65	77.5	90	66	78	54	72
case 15	60	85	50	75	66.6	100	30	55	48	68	60	75	35	70	70	80	52	76
case 16	55	70	75	75	66.6	66.6	55	75	54	68	45	75	55	67.5	45	55	56	69
case 17	60	75	25	75	33.3	66.6	75	85	56	75	35	70	67.5	90	55	75	50	76
case 18	45	50	50	75	66.6	100	50	75	40	65	50	62.5	60	65	50	70	51	70
case 19	55	65	75	100	33.3	33.3	55	80	45	60	45	87	50	62.5	30	78	48	70
case 20	65	80	25	50	33.3	66.6	65	80	55	76	25	50	25	45	60	70	44	64
case 21	70	85	25	50	66.6	100	40	60	35	70	75	75	45	77.5	30	55	48	71
case 22	65	90	50	75	33.3	66.6	35	55	65	78	50	87.5	55	77.5	40	65	49	74
case 23	40	65	75	75	66.6	100	55	75	54	68	62	75	75	90	45	75	59	77
case 24	45	70	50	100	66.6	66.6	45	75	48	58	75	100	60	75	55	75	55	77
case 25	55	60	75	75	33.3	33.3	60	75	45	76	75	87.5	25	65	66	80	54	68
case 26	70	85	75	100	33.3	66.6	30	50	50	84	46	75	42.5	67.5	50	65	49	74
case 27	60	60	25	50	33.3	100	65	80	70	84	37.5	77.5	25	55	70	90	48	74
case 28	70	75	50	75	66.6	100	65	85	62	76	45	80	77.5	90	55	80	61	82
case 29	65	80	75	75	33.3	66.6	35	65	56	86	75	75	35	70	40	65	51	72
case 30	45	60	25	75	66.6	100	45	70	72	90	50	75	60	75	60	75	52	77



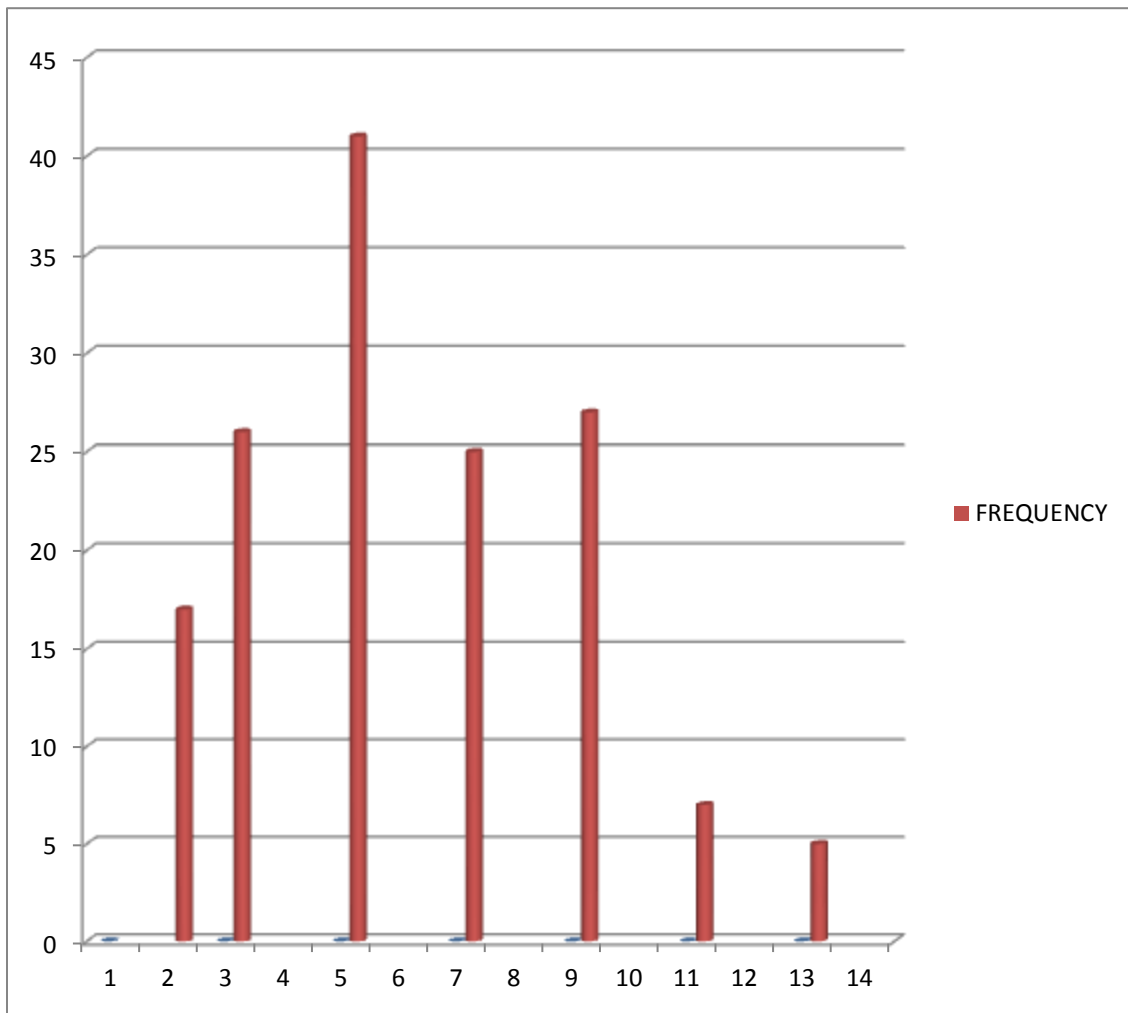
Findings: On comparison of the before and after scores among the 30 cases of Type 2 Diabetes according to the symptom severity scale taken for the study, all the cases showed improvement determined from the after score.

## 5.8 TABLE SHOWING FREQUENCY OF RUBRICS USED FROM BOERICKE'S REPERTORY

**TABLE.NO. 8**

CHAPTER	FREQUENCY	PERCENTAGE
Mind	17	11.8%
Stomach	26	17.5%
Urinary system	41	27.7%
Locomotors system	25	16.8%
Abdomen	27	18.24%
Generalities	7	4.7%
Circulatory system	5	3.37%

### FREQUENCY OF RUBRICS USED FROM BOERICKE'S REPERTORY



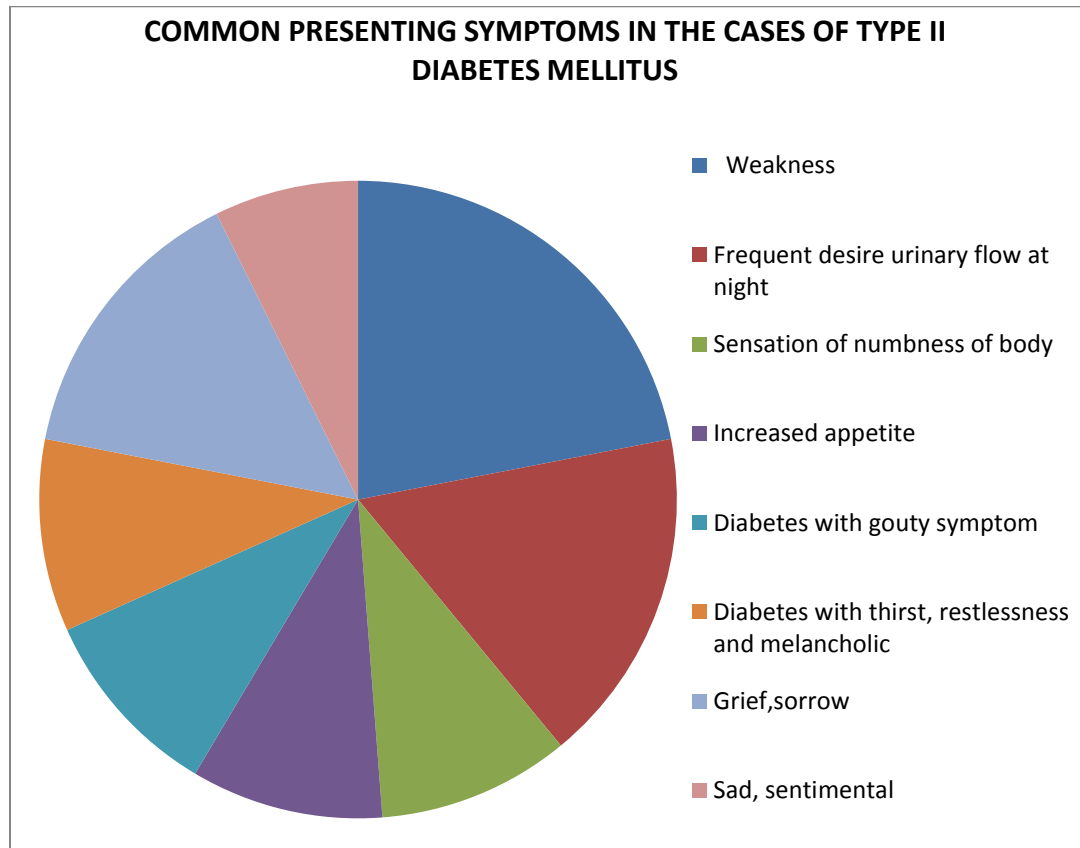
From the above table the frequently used chapters appears to be MIND (11.8%), STOMACH (17.5%), URINARY SYSTEM (27.7%), LOCOMOTOR SYSTEM (16.8%), ABDOMEN (18.24%), GENERALITIES (4.7%), CIRCULATORY SYSTEM (3.37%).

## 5.9 COMMON PRESENTING SYMPTOMS IN THE CASES OF TYPE II

### DIABETES MELLITUS

TABLE. NO.9

<b>SYMPTOMS</b>	<b>NO OF CASES</b>	<b>PERCENTAGE</b>
<b>Weakness</b>	9	21.9
<b>Frequent desire urinary flow at night</b>	7	17
<b>Sensation of numbness of body</b>	4	9.7
<b>Increased appetite</b>	4	9.7
<b>Diabetes with gouty symptom</b>	4	9.7
<b>Diabetes with thirst, restlessness and melancholic</b>	4	9.7
<b>Grief,sorrow</b>	6	14.3
<b>Sad, sentimental</b>	3	7.3



The most commonly observed symptom among the 30 cases of Diabetes were WEAKNESS (21.9%), FREQUENT DESIRE URINATION ( 17%), NUMBNESS OF BODY (9.7%), INCREASED APPETITE (9.7%), DIABETES WITH GOUTY SYMPTOM (9.7%), DIABETES WITH THIRST, RESTLESSNESS AND MELANCHOLIC (9.7%), GRIEF, SORROW (14.3%), SAD, SENTIMENTAL (7.3%).

**TABLE SHOWING ANALYSIS ON BEFORE AND AFTER SCORES QoL IN  
PATIENT'S WITH TYPE II DM USING SF 36 SCORE**

**TABLE NO. 10**

		Mean	S.D	t Test
Domain 1	Before	56	10.11	-6.5475
	After	73.1	10.12	
Domain 2	Before	54.1	19.78	-5.0152
	After	76.6	14.58	
Domain 3	Before	52.1	20.86	-4.788
	After	78.8	22.31	
Domain 4	Before	48.5	12.2	-6.9516
	After	69.4	11.06	
Domain 5	Before	52.4	8.45	-7.7567
	After	71.3	10.33	
Domain 6	Before	53.3	15.01	-7.0717
	After	77.8	11.61	
Domain 7	Before	54.5	16.8	-5.0653
	After	74.6	13.79	
Domain 8	Before	49.9	11.01	-7.6662
	After	70	9.22	

To test the hypothesis that there is significant difference in before and after score the SF 36 scores has been categorised into 8 Domains. Each domains was subjected to paired 't' test as shown in the table 10. It shows statistically significant result at  $<0.05$  for all test.

This shows the quality of life after homoeopathic treatment has considerably improve in comparison with before score.

## **INFERENCE**

Test of significant at before and after value were calculated in domain score. Calculation of test significant in domains showed significant changes in before and after value at 0.05. So in this study showing positive impact on patient's health.



## 6. DISCUSSION

This study was conducted on the patients who attended the Out-patient department, In patient department and Peripheral health centers of Sarada Krishna Homoeopathic Medical College. The patient was selected as per the inclusion criteria.

A total of 30 cases were selected and details were recorded in standardized case record. All the cases worked out on the basis of Boericke's approaches of Repertory. The patients were followed up for duration of 6 months. Pre and post treatment score were calculated. These score were analyzed by using Rand MOS SF 36 score. The analyses of observation from the 30 cases are discussed below.

Among the 30 cases, age varies between 30 - 65 yrs. Out of 30 diabetic patients, 11 patients (37%) were males and 19 patients (63%) were females. In the present study demonstrates that overall HRQoL poor in people with diabetes. Out of 30 cases, SF 36 Score number of males was higher score than females. Maximum numbers of subjects were in the age group of 41 - 55 yrs. The scores for males were found to be higher in almost all domains, SF 36 score was also found to be higher in males compared to females. Gautama et al study done in diabetic clinics in Delhi reported the similar findings<sup>[18]</sup> In another study by Chittleborough et al done in Australian population reported similar finding.<sup>[8]</sup>

In this study among eight domains of QoL physical functioning, vitality, social functioning and General health were observed significantly higher in males compared to females. Similar finding in a study from Greece, higher scores of physical functioning, vitality, General health except social functioning were reported.<sup>[30]</sup>

Females had worse QoL scores than males. Another study from Karnataka, in a tertiary care hospital, SF 36 scores were lower in females than in males.<sup>[3]</sup>

Out of 30 cases, 16 were home affairs [53%], this is followed by 5 business people [17%], 3 construction worker [10%], 2 Social worker [7%], 2 Conductor [7%], 1 Lab technician [3%] and 1 Anganavadi worker [3%].

In our study, majority of diabetic patients had a history more than 6-10 yrs (70%), their QOL score was poor compare to those with a history of less than 5 yrs. Rest of 27% of subjects were having diabetes since 1-5 years and Only 3% having diabetes since >10 years. Similar finding in a study from Manipal, the duration of history increased there was a significant decrease in the QoL<sup>[31]</sup>. Duration of diabetes is associated with physical functioning significant higher scores in 6-10 years compare to other group.

Among the 30 cases, Sulphur 30 was given for 7 cases (23%), followed by Nux vomica 30 for 4 cases (14%) and Phosphorus and Lycopodium for 3 cases each (10%). The medicines so far given are Arg nit 30 (7%), Pulsatilla 30 (7%) , Nat mur 30 (4%), Ammonium mur 30 (4%) and Acid phos 30, Ars alb 30 , Cantharis 30 , Calc carb 30 , Causticum 30, Ignatia 30 and Colocynth 30 with 3% each were prescribed based on holistic concept.

According to the cases recorded for the diagnosis of Type 2 diabetes the most frequently used Rubric from Boericke's Repertory are MIND - emotions - grief, sorrow (20%), URINARY SYSTEM -Urinary flow frequent desire -at night (23.33%), URINARY SYSTEM - diabetes -with debility (30%), STOMACH-appetite-increased-hungry-even after a meal (10%), URINARY SYSTEM – diabetes - with - gouty symptoms (13.33%), ABDOMEN - constipation, cause and type, from - mental shock,

nervous strain (13.33%), STOMACH, pain (gastrodynia), Type, Burning as from ulcer (10%), ABDOMEN- constipation, Concomitants, sensation of, something behind (6.66%), URINARY SYSTEM - Urethra - Burning, smarting heat (6.66%), ABDOMEN - Constipation, Type of stool, Dry with frequent urging (3.33%), URINARY SYSTEM- Urine, Type, Burning, scalding hot (6.66%), MIND - Mood and disposition - Sad - Sentimental, sighing (3.33%), URINARY SYSTEM-Diabetes - with - Emaciation, thirst, restlessness, melancholic (13.33%), GENERALITIES-Sensation of - Numbness (10%).

The frequently used chapters appear to be MIND (11.8%), STOMACH (17.5%), URINARY SYSTEM (27.7%), LOCOMOTOR SYSTEM (16.8%), ABDOMEN (18.24%), GENERALITIES (4.7%), CIRCULATORY SYSTEM (3.37%).

The most frequently observed symptom among the 30 sample cases were WEAKNESS (21.9%), FREQUENT DESIRE URINATION (17%), NUMBNESS OF BODY (9.7%), INCREASED APPETITE (9.7%), DIABETES WITH GOUTY SYMPTOM (9.7%), DIABETES WITH THIRST, RESTLESSNESS AND MELANCHOLIC (9.7%), GRIEF, SORROW (14.3%), SAD, SENTIMENTAL (7.3%).

Boericke's clinical repertory consists of an index of remedies applicable to various, more or less, fixed symptom-syndromes to which nosological labels can be given. Prima facie method of reducing the number of probable similar drugs for a given disease-condition bearing a nosological label. In this repertory author mentioned that when the characteristic symptoms of a remedy are marked in any case, the name of the disease the patient may be suffering from is of no importance in selection of remedy. So the selection of remedy which corresponds to the general, peculiar or characteristic symptoms of the

patient must be given. Boericke's clinical repertory, the work under consideration, has arranged its contents in such a way that there is a happy synthesis between a symptom-repertory and a clinical repertory.

In this study 30 diabetic subjects (Type II diabetes) were interviewed regarding quality of life. On the comparison of before and after treatment scores among the 30 cases were taken. These scores are analyzed by quality of life assessed by MOS SF 36 questionnaire. The majority of cases marked improvement and patient's quality of life shown better improvement. It is inferred from this study that Type 2 Diabetes is effectively treated with homoeopathic holistic mode of treatment using O.E Boericke's Repertory. As per this study the prevalence age of Type 2 Diabetes Mellitus was found to be 41-55 yrs. With respect to regular follow up with physician, most of the subjects had better scores. Overall SF 36 scores were also found to be statistically significant. Test of significant at before and after value were calculated in domain score. Calculation of test significant in domains showed significant changes in before and after value at 0.05. So in this study showing positive impact on patient's health. As per this study, the symptoms frequently observed was grief, sorrow (20%), Urinary flow frequent desire at night (23.33%), Diabetes with debility (30%), Increased appetite (10%) and Sensation of numbness (10%). The significant improvement of quality of life with Type 2 Diabetes, after the treatment with the simillimum through the Boericke's clinical Repertory was effective.

## **7. LIMITATIONS AND RECOMMENDATIONS**

### **7.1 LIMITATIONS**

1. Number of samples used in this study is very small. Therefore, generalization of the result and inferences of the study need to be done cautiously.
2. This was a time bound study. The cases were followed up only for a period of maximum 6 months.
3. Selection of cases was difficult since many of the cases were irregular in reporting and doing investigations and some of them even dropped out.
4. There was no control group since the sample size was small.
5. In some of the cases, necessary information was lacking and the study was based on the available data.
6. There were not enough standard studies to compare or take guidance from a study of this nature in homoeopathy. Therefore, some human errors are expected.

### **7.2 RECOMMENDATIONS**

1. Bigger sample size with extended time of research would provide better results.
2. It will be always scientific if control (placebo) group would have been kept simultaneously to verify the effectiveness of treatment.
3. Universal standardized scale can be used, so that evaluation of outcome of the study would become precise.

## 8. CONCLUSION

The study, Simillimum selection of O. E. Boericke's approach for cases with Type 2 Diabetes mellitus conducted on 30 – 65 yrs age group of 30 cases in the Outpatient, In patient and Rural health centers of Sarada Krishna Homoeopathic Medical College and Hospital are observed and analyzed.

In my study, most common age group of Type 2 Diabetes Mellitus were found in 41 - 55 years, higher incidence with 69%. Sulphur 30 (23%) followed by Nux vomica (14%) and Phosphorus and Lycopodium (10%) to be most indicated medicine followed by Arg nit and Pulsatilla (7%). The most frequently used rubrics in Boericke's Repertory were Mind – emotions – grief, sorrow (20%), Urinary system – Urinary flow frequent desire – at night (23.3%), Urinary system – Diabetes – with debility (30%), Stomach – appetite – increased – hungry – even after a meal (10%), Urinary system – Diabetes – with – gouty symptoms (13.33%), Abdomen – Constipation, cause and type, from – mental shock, nervous strain (13.33%), Stomach, pain, Type, Burning as from ulcer (10%), Abdomen – constipation, concomitants, sensation of, something behind (6.66%), Urinary system – Urethra – Burning, smarting heat (6.66%), Abdomen – constipation, Type of stool, Dry with frequent urging (3.33%) and Urinary system – Urine, Type, Burning, scalding hot (6.66%).

Homoeopathic treatment is associated with significant benefits in patients with features of type 2 diabetes mellitus, as assessed by SF 36 Questionnaire. Out of 30 cases, SF 36 Score number of males was higher score than females. Rand SF 36 score were used for assessing patient's quality of life showed marked improvement. Among the 30 cases, all cases showed marked improvement through the effective homoeopathic individualized remedy. The improvement is evident through the selection of remedy in approach of Boericke's Repertory. In this study the remedy selection was justified with the help of a repertorial tool, Boericke's Repertory. All 30 cases showed significant improvement, and the Homoeopathic treatment is very effective in the management of Diabetes Mellitus. Hence O. E. Boericke's Repertory is effective in treating cases with Type 2 Diabetes Mellitus.

## 9. SUMMARY

According to the study conducted on Type 2 Diabetes Mellitus, shows the effective treatment of homoeopathic remedies used with the help of Boericke's Clinical Repertory. The 30 cases were randomly selected and diagnosed with the help of ICMR diagnostic criteria based on MOS SF 36 questionnaire from the OPD, IPD and Rural Centers of Sarada Krishna Homoeopathic Medical College. In view to the holistic concept of Homoeopathy each case were taken accordingly, analyzed and the totality were erected. Then the medicine was prescribed with reference to Materia Medica and Repertory - Boericke's Clinical Repertory. The result of the study drawn that the potential rubrics in Boericke's Repertory are effective in the treatment of patients with Type 2 Diabetes Mellitus. The most frequently used rubrics in Boericke's Repertory in Type II Diabetes mellitus were Mind – emotions – grief, sorrow (20%), Urinary system – Urinary flow frequent desire – at night (23.3%), Urinary system – Diabetes – with debility (30%), Stomach – appetite – increased – hungry – even after a meal (10%), Urinary system – Diabetes – with – gouty symptoms (13.33%), Abdomen – Constipation, cause and type, from – mental shock, nervous strain (13.33%), Stomach, pain, Type, Burning as from ulcer (10%) and Urinary system – Urethra – Burning, smarting heat (6.66%). Out of 30 cases, SF 36 Score number of males was higher score than females. Homoeopathy through individualization treats the patient as a whole with the help of a weapon of perception, Repertory –Boericke's Clinical Repertory, where the symptoms and the corresponding medicine is being evaluated maintaining the accuracy in prescription. Thus the quality of life is improved.



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## APPENDIX- I

### GLOSSARY

1	REMEDY	A medicine or treatment for a disease or injury
2	SIMILIMUM	The remedy indicated in a certain case because the same drug, when given to a healthy person, will produce the symptom complex most nearly approaching that of the disease in question.
3	POTENCY	The power of something to affect the mind or body; the number of times a remedy has been diluted & succussed, taken as a measure of the strength of the effect it will produce.
4	REPERTORIZATION	The process of Repertorization is essentially a logical elimination of apparently similar medicines. It starts with a broad choice and narrows down the field, which provides us an adequate and a small group of similar remedies, so that the final selection of the similimum is made easier with the help of reference to Materia Medica.

5	HORMESIS	A biphasic dose-response relationship in which the response at low doses is opposite to the effect at high doses. According to this concept, a small dose of a noxious agent can exert a beneficial action.
6	SYNERGISTIC	The mutual stimulation or the stronger effect than the sum of two or more drugs.

**Appendix – II**

**CASE RECORD FORMAT**

*“Case records are our valuable asset”*

**SARADA KRISHNA**

**HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL**

*KULASEKHARAM, KANYAKUMARI DIST, TAMIL NADU- 629161*

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**CHRONIC CASE RECORD**

O.P. No:

UNIT :

Date:

---

Name:

Age: Sex: Religion: Nationality:

Name of father/Spouse/Guardian/Son/Daughter:

Marital status:

Occupation:

Family size:

Diet:

Address:

Phone No (Mobile):

**FINAL DIAGNOSIS:**

Homoeopathic	
Disease	

<b>RESULT:</b>	Cured	Relieved	Referred	Otherwise	Expired
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## 2. INITIAL PRESENTATION OF ILLNESS

PATIENT'S NARRATION (in the very expressions used by him/her)	PHYSICIAN'S INTEROGATION (details Regarding symptoms narrated)	PHYSICIAN,S OBSERVATION

### 3. PRESENTING COMPLAINTS

LOCATION (tissues,organs,systems extensions & duration direction & frequency)	SENSATION & PATHOLOGY	MODALITY (>,<) & A/F (=)	CONCOMITANTS  IF ANY

### 4. HISTORY OF PRESENTING ILLNESS:

## 5. HISTORY OF PREVIOUS ILLNESS

NO	Age/Year	Illness, trauma, fright, burns, drug allergy(ies), operation(s), exposure(s), innnocation, vaccination(s), serum, steroids, hormone therapy, antibiotics, analgesics, etc.	Treatment Adopted	Outcome

## **6. HISTORY OF FAMILY ILLNESS**

## **7. PERSONAL HISTORY**

### **A. LIFE SITUATION**

Place of birth: Caste:  
Socio- economic status:  
Nutritional status:  
Dwelling: Customs: Nature of Work:  
Political Status:  
Religion:  
Educational status :  
Marital status: Year of Marriage:  
Family status:  
Father: ; Mother: Siblings: Male: Children:

### **B. HABITS & HOBBIES**

Food:  
Addictions:  
Sleep:  
Artistic:  
Games/Sports:

### **C. DOMESTIC RELATIONS**

With family members:  
With other relatives:  
With neighbours/friends/colleagues:

### **D. SEXUAL RELATIONS:**

Pre-Marital: Marital: Extra Marital:  
Others:

## **8. LIFE SPACE INVESTIGATION**

## 9. MENSTRUAL HISTORY:

A.Menses

L.M.P:

Amenorrhoea-

Primary/Secondary

Cycle/Regularity &its Duration	Duration Of Menses	FLOW			
		Qty	Consistency &clots	Color & ododr	Stains &Acidity

### CONCOMITANTS

BEFORE	AT START OF	DURING	AFTER

B.Previous History: Changes in Menstrual Cylce

Menarche:

Early/Late

Early Years (first 3-4 Yrs)

Before Marriage:

FMP:

After Pregnancy(ies)  
to Menarche

Recent

Complaints related

After Marriage

C. Climacteric:

Symptoms associated

Pre-Menopause	With Menopause	Post Menopause

**D. Abnormal Vaginal Discharges (Leucorrhoea/Lochia)**

Type	Qty	Onset Duration	Colour Odour	Stains Acridity	Relation with menses	Modalities	Accompaniments	Obvious reason if any

**10. OBSTETRICAL HISTORY:**

Gravida	Para	Abortion	Death	Live

**A.Previous Pregnancies Including Abortion:**

No	Age of Conception	Yr. Date and Period Of Pregnancy	Abnormalities in Pregnancy & Treatment Adopted	Labour Events	Mode Of Delivery	Nature Of Purperium

**Child**

Gender	Birth Weight	Condition of Birth	Congenital Abnormality	Viability	Cause of Death	Lactation History

**B.Contraceptive method(s) adopted**  
(used/inuse/duration)

1.Temporary

2.Permanent ( changes of contraceptive method(s) and if so reason, any complaints from use)

**C.Present Pregnancy: L.M.P**  
E.D.C

Date of Quickening

H/O Morning sickness

Other Complaints

## 11. GENERAL SYMPTOMS:

### A. PHYSICALS

#### I. FUNCTIONAL

1. Appetite :
2. Thirst :
3. Sleep :
4. Dreams

#### II. ELIMINATIONS

1. Stool :
2. Urine :
3. Sweat :
4. Breath
5. Discharges
6. Abnormal Secretions & Excretions

#### III . REACTIONS TO

REACTIONS TO	Aversions	Desire	Intolerance / Sensitive to	Aggravation	Amelioration
Time					
Thermal					
Season					
Meteorological					
Moon Phase					
Places					
Air/Fanning					
Clothing/Covering					
Bathing/Washing					

Food/Drinks					
Undigested Food					
Touch/Pressure					
Posture					
Motion					
Sleep					
Sex					
Spl.Senses					
Eliminations					
Menses					

#### IV . CONSTITUTIONAL

Physical Makeup	Temperament	Thermal	Side Affinity	Sensation/Tendencies

#### B. MENTAL GENERAL

**1. Will & Emotions including motivations** ( Love, hat, anger, sadness, fear.fright, anxiety, suspicious, cause, modalities, state, aversion and cravings ( excluding food & drinks,) etc.

**2. Understanding and Intellect** (perception, thinking, consciousness, decision, confidence, speech, motivation, cause, mental state)

**3. Memory** (Effect on Behaviour & functions)

#### 12. PHYSICAL EXAMINATION

##### A) GENERAL

- Conscious :
- General appearance:
- General built and nutrition:
- Height



- Weight
- BMI
- Anaemia:
- Jaundice:
- Clubbing:
- Cyanosis:
- Oedema :
- Nails
- Gait
- Lymphadenopathy:
- Pulse rate:                      Resp rate:                      B.P:
- Temp
- Others

## **B.SYSTEMIC EXAMINATION**

- 1.Respiratory system:
- 2.Cardiovascular system:
- 3.Gastro Intestinal system:
- 4.Urogenital system:
5. Skin and glands :
6. Musculoskeletal system
- 7.Central Nervous system:
- 8 . Endocrine:
- 9.Eye and ENT:

10.Others:

### **C.REGIONALS**

### **13. LABORATORY FINDINGS**

### **14. DIAGNOSIS**

- ❖ Provisional Diagnosis :
- ❖ Differential Diagnosis:
  
- ❖ Final Diagnosis (Disease):

### **15 .DATA PROCESSING**

#### **A . ANALYSIS OF CASE**

COMMON	UNCOMMON

#### **B. EVALUATION OF SYMPTOMS/TOTALITY OF SYMPTOMS**

C. MIASMATIC ANALYSIS:

	PSORA	SYCOSIS	SYPHILIS
Family History			
Past History			
Mind			
Body			

Miasmatic Diagnosis:

D. TOTALITY OF SYMPTOMS

E. HOMOEOPATHIC DIAGNOSIS

## 16 . SELECTION OF MEDICINE

### A. Non Repertorial Approach

### B. Repertorial Approach

a)**Reprtorial Totality:** ( Selection of appropriate Repertory, Selection of symptoms for repertorisation, conversion of symptoms into corresponding rubrics for repertorisation)

No	Symptoms	Rubrics	Explanation	Page No

b) **Repertorial result:**

Medicine						

c) **PDF if any**

d)**Analysis of Reprotorial Result**

## **17. SELECTION OF POTENCY AND DOSE**

**A. Potency**

**B. Dose**

## **18. PRESCRIPTION**

## **19. GENERAL MANAGEMENT INCLUDING AUXILLARY MEASURES**

**A. General/Surgical/Accessory:**

**B. Restrictions (Diet, Regimen etc.):**

Disease	Medicinal

---

**20. PROGRESS & FOLLOW UP**

<b>DATE</b>	<b>SYMPTOM(S) CHANGES</b>	<b>INFERENCE</b>	<b>PRESCRIPTION</b>

## **SCORING CHART**

<b>STEP - 1 SCORING QUESTIONS</b>		
<b>QUESTION NUMBER</b>	<b>ORIGINAL RESPONSE</b>	<b>RECORDED VALUE</b>
<b>1, 2, 20, 22, 34, 36</b>	<b>1</b>	<b>100</b>
	<b>2</b>	<b>75</b>
	<b>3</b>	<b>50</b>
	<b>4</b>	<b>25</b>
	<b>5</b>	<b>0</b>
<b>3, 4, 5, 6, 7, 8, 9, 10, 11, 12</b>	<b>1</b>	<b>0</b>
	<b>2</b>	<b>50</b>
	<b>3</b>	<b>100</b>
<b>13, 14, 15, 16, 17, 18, 19</b>	<b>1</b>	<b>0</b>
	<b>2</b>	<b>100</b>
<b>21, 23, 26, 27, 30</b>	<b>1</b>	<b>100</b>
	<b>2</b>	<b>80</b>
	<b>3</b>	<b>60</b>
	<b>4</b>	<b>40</b>
	<b>5</b>	<b>20</b>
	<b>6</b>	<b>0</b>
<b>24, 25, 28, 29, 31</b>	<b>1</b>	<b>0</b>
	<b>2</b>	<b>20</b>
	<b>3</b>	<b>40</b>
	<b>4</b>	<b>60</b>
	<b>5</b>	<b>80</b>
	<b>6</b>	<b>100</b>
<b>32, 33, 35</b>	<b>1</b>	<b>0</b>
	<b>2</b>	<b>25</b>
	<b>3</b>	<b>50</b>
	<b>4</b>	<b>75</b>
	<b>5</b>	<b>100</b>

## SF-36 QUESTIONNAIRE

Name: \_\_\_\_\_ Ref. Dr: \_\_\_\_\_ Date: \_\_\_\_\_ ID#:  
\_\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F

Please answer the 36 questions of the Health Survey completely, honestly, and without interruptions.

### GENERAL HEALTH:

1. In general, would you say your health is
  - a) Excellent    b) Very Good    c) Good    d) Fair    e) Poor
2. Compared to one year ago, how would you rate your health in general now?
  - a) Much better now than one year ago
  - b) Somewhat better now than one year ago
  - c) About the same
  - d) Somewhat worse now than one year ago
  - e) Much worse than one year ago

### LIMITATIONS OF ACTIVITIES:

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?



1. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.  
a) Yes, Limited a lot      b) Yes, Limited a Little      c) No, Not Limited at all
2. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf a) Yes, Limited a Lot      b) Yes, Limited a Little      c) No, Not Limited at all
3. Lifting or carrying groceries  
a) Yes, Limited a Lot      b) Yes, Limited a Little      c) No, Not Limited at all
4. Climbing several flights of stairs  
a) Yes, Limited a Lot      b) Yes, Limited a Little      c) No, Not Limited at all
5. Climbing one flight of stairs  
a) Yes, Limited a Lot      b) Yes, Limited a Little      c) No, Not Limited at all
6. Bending, kneeling, or stooping  
a) Yes, Limited a Lot      b) Yes, Limited a Little      c) No, Not Limited at all
7. Walking more than a mile  
a) Yes, Limited a lot      b) Yes, Limited a Little      c) No, Not Limited at all

8. Walking several blocks

- a) Yes, Limited a lot      b) Yes, Limited a Little      c) No, Not Limited at all

9. Walking one block

- a) Yes, Limited a lot      b) Yes, Limited a Little      c) No, Not Limited at all

10. Bathing or dressing yourself

- a) Yes, Limited a lot      b) Yes, Limited a Little      c) No, Not Limited at all

#### PHYSICAL HEALTH PROBLEMS

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

1. Cut down the amount of time you spent on work or other activity

- a) Yes      b) No

2. Accomplished less than you would like

- a) Yes      b) No

3. Were limited in the kind of work or other activities

- a) Yes      b) No

4. Had difficulty performing the work or other activities (for example, it took extra effort)

- a) Yes      b) No

### EMOTIONAL HEALTH PROBLEMS:

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

1. Cut down the amount of time you spent on work or other activity
  - a) Yes
  - b) No
2. Accomplished less than you would like
  - a) Yes
  - b) No
3. Didn't do work or other activities as carefully as usual
  - a) Yes
  - b) No

### SOCIAL ACTIVITIES:

1. Emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?
  - a) Not at all
  - b) Slightly
  - c) Moderately
  - d) Severe
  - e) Very Severe

### PAIN:

1. How much bodily pain have you had during the past 4 weeks?
  - a) None
  - b) Very Mild
  - c) Mild
  - d) Moderate
  - e) Severe
  - f) Very Severe

2. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?
- a) None      b) Very Mild      c) Mild      d) Moderate      e) Severe  
f) Very Severe

#### ENERGY AND EMOTIONS:

These questions are about how you feel and how things have been with you during the last 4 weeks. For each question, please give the answer that comes closest to the way you have been feeling.

1. Did you feel full of pep?

- a) All of the time      b) Most of the time      c) A good Bit  
of the Time  
d) Some of the time      e) A little bit of the time      f) None of the  
Time

2. Have you been a very nervous person?

- a) All of the time      b) Most of the time      c) A good Bit  
of the Time  
d) Some of the time      e) A little bit of the time      f) None of the  
Time

3. Have you felt so down in the dumps that nothing could cheer you up?

- a) All of the time      b) Most of the time      c) A good Bit  
of the Time

- d) Some of the time      e) A little bit of the time      f) None of the Time

4. Have you felt calm and peaceful?

- a) All of the time      b) Most of the time      c) A good Bit of the Time

- d) Some of the time      e) A little bit of the time      f) None of the Time

5. Did you have a lot of energy?

- a) All of the time      b) Most of the time      c) A good Bit of the Time

- d) Some of the time      e) A little bit of the time      f) None of the Time

6. Have you felt downhearted and blue?

- a) All of the time      b) Most of the time      c) A good Bit of the Time

- d) Some of the time      e) A little bit of the time      f) None of the Time

7. Did you feel worn out?

- a) All of the time      b) Most of the time      c) A good Bit of the Time  
d) Some of the time      e) A little bit of the time      f) None of the Time

8. Have you been a happy person?

a) All of the time                      b) Most of the time                      c) A good Bit  
of the Time

d) Some of the time                      e) A little bit of the time                      f) None of the  
Time

9. Did you feel tired?

a) All of the time                      b) Most of the time                      c) A good Bit  
of the Time

d) Some of the time                      e) A little bit of the time                      f) None of the  
Time

#### SOCIAL ACTIVITIES:

1. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

a) All of the time                      b) Most of the time                      c) A good Bit  
of the Time

d) Some of the time                      e) A little bit of the time                      f) None of the  
Time

GENERAL HEALTH:

How true or false is each of the following statements for you?

1. I seem to get sick a little easier than other people
  - a) Definitely true
  - b) Mostly true
  - c) Don't know
  - d) Mostly false
  - e) Definitely false
2. I am as healthy as anybody I know
  - a) Definitely true
  - b) Mostly true
  - c) Don't know
  - d) Mostly false
  - e) Definitely false
3. I expect my health to get worse
  - a) Definitely true
  - b) Mostly true
  - c) Don't know
  - d) Mostly false
  - e) Definitely false
4. My health is excellent
  - a) Definitely true
  - b) Mostly true
  - c) Don't know
  - d) Mostly false
  - e) Definitely false

## APPENDIX – IV

### **FORM - 4: CONSENT FORM**

1. **Title of the project:** “SIMILLIMUM SELECTION BASED ON O. E. BOERICKE’S APPROACH FOR CASES WITH TYPE II DIABETES MELLITUS”

2. **Name of the investigator/guide :** Dr. A S Suman Sankar

Professor,  
Department of Repertory,  
Sarada Krishna Homoeopathic Medical  
College,  
Kulasekharam.

3. **Purpose of this project/ study:**

To find out effectiveness of Boericke’s repertory in indicating simillimum for Type 2 Diabetes Mellitus.

4. **Procedure/methods of the study:** 30 cases will be considered according to the study. Cases will be recorded in the pre structured SKHMC case format. Case will be diagnosed according to the ICMR guidelines of diagnostic criteria for diabetes mellitus. Then further assessment should be done using quality of life assessing by MOS SF 36 questionnaire. Necessary investigation will be done. Repertorial approach according to Boericke’s clinical repertory is taken. Prescription is done with reference to standard text books of Materia medica. Potency selection and repetition will be done



according to the principles laid down in the organon of medicine. Statistical analysis will be done and results will be presented.

5. **Expected duration of the subject participation :** 6 months with follow up
6. **The benefits to be expected from the research to the participant or to others and the post-trial responsibilities of the investigator:** The participant who takes part in this study are contributing towards the management of patients who are having symptoms of diabetes, a treatment which they can attain by without any adverse effect. Through this study the participant get best quality Homoeopathic treatment for their complaints.
7. **Any risks expected from the study to the participant:** For the treatment best selected Homoeopathic medicines will be given. So there will not be any adverse effect or risk because of the study.
8. **Maintenance of confidentiality of records:** I will not disclose identity of the research participants at any time, during or after the study period or during publication. Securely store data documents in locked locations and Encrypt identifiable computerized data. All information revealed by you will be kept as strictly confidential.
9. **Freedom to withdraw from the study at any time during the study period without the loss of benefits that the participant would otherwise be entitled:** Your participation in the study is voluntary and you are free to refuse treatment or withdraw from the study at any time if you are not satisfied.
10. **Possible current and future uses of the biological material and of the data to be generated from the research and if the material is likely to be used for secondary purposes or would be shared with others, this**

**should be mentioned:** Future uses of the biological material and of the data to be generated from the research and if the material is likely to be used for secondary purposes or will be shared with others only with your consent.

**11. Address and telephone number of the investigator and co-investigator/guide :**

Investigator: Dr. Manjusha. A, P.G. Scholar,  
Department of Repertory,  
Sarada Krishna homoeopathic medical college  
and hospital,  
Kulasekharam, Mobile no: 8330880277

Guide: Dr. A S Suman Sankar  
Professor.  
Department of Repertory,  
Sarada Krishna Homoeopathic Medical College,  
Kulasekharam, mobile no: 9443500675.

**12. Signature of investigator:**

**13. Signature of Guide**

**14. Signature of HOD**

**FORM - 4 : CONSENT FORM (B)**

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**Participant consent form**

**Informed Consent form to participate in a clinical trial**

**Study Title:** “SIMILLIMUM SELECTION BASED ON O. E. BOERICKE’S  
APPROACH FOR CASES WITH TYPE II DIABETES MELLITUS”

**Study Number:**

**Subject’s Initials:**

**Subject’s Name:**

**Date of birth/Age:**

Please initial

Box (Subject)

I confirm that I have read and understood the information sheet dated  
JULY 2017 for the above study and have had the opportunity to ask question. [ ]

I understood that my participation in the study is voluntary and that I am free to  
withdraw at any time’ without giving any reason. Without my medical care or  
legal rights being affected. [ ]

I understand that the sponsor of the clinical trial, others working on the sponsor’s  
behalf the Ethics Committee and the regulatory authorities will not need m permission  
to look at my health records both in respect of the current study and any further  
research that may be conducted in relation to it, even if I withdraw from the trial.

I agree to this access. However, I understand that my identity will not be revealed in any information released to third parties or published. [ ]

I agree not to restrict the use of any data or result that arise from this study

Provided such a use only for scientific purpose(s) [ ]

I agree to take part in the above study. [ ]

Signature (or Thumb impression of the subject/legally acceptable Representative:\_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signatory's Name: \_\_\_\_\_

Signature of the Investigator: \_\_\_\_\_

Study Investigator's Name: Dr Manjusha. A

Signature of the Witness\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of the Witness \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## CASE SUMMARY

### Case – 1

Mrs. X 1, of age 60 years female, Housewife, Known Diabetes since 9 yrs. Aching pain in upper extremities, from grief, trembling sensation, weakness and frequent desire urination at night presented in initial visit. More prominent Key Rubrics are MIND – Emotions - Grief, sorrow, LOCOMOTOR SYSTEM - Upper extremities- pains - aching, URINARY SYSTEM -Urinary flow - frequent desire - at night, URINARY SYSTEM – Diabetes – with - Debility, were used for the selection of remedy. After repertorisation using O. E. Boericke's Repertory, Acid Phos 30 was selected according to the repertorial totality. For assessing quality of life by SF 36 questionnaire was used as initial and last visit. Patient had scored high mark in general health, Physical functioning and social activity by verifying with SF 36 questionnaire. Based on the follow up symptoms, the medicine was repeated. Lab investigation checked before and after the treatment. The presenting complaints markedly reduced after treatment of 4 months. Patient showed marked improvement with symptomatic relief.

### Case – 2

Mr. X 2, of age 59 years male, Business man, Known Diabetes since 4 yrs. Indigestion of stomach from unpleasant emotions, burning pain < at night, sensation of numbness of body, Increased appetite even after meal and accompanied with backache presented in initial visit. More prominent Key Rubrics are STOMACH - Indigestion dyspepsia – Cause - Nervous, unpleasant emotions, STOMACH, pain(gastrodynia), Type, Burning as from ulcer, STOMACH, pain(gastrodynia), - with, backache ,anxiety

and STOMACH – Appetite – increased - Hungry - even after a meal were used for the selection of remedy. After repertorisation using O. E. Boericke's Repertory, Ars alb 30 was selected according to the repertorial totality. For assessing quality of life by SF 36 questionnaire was used as initial and last visit. Patient had score high mark in social functioning, general health and emotional problems by verifying with SF 36 questionnaire. Based on the follow up symptoms, Placebo given. Lab investigation checked before and after the treatment. The presenting complaints markedly reduced after treatment of 5 months. Patient showed marked improvement with symptomatic relief.

### Case – 3

Mrs. X 3, of age 45 years male, Business, Known Diabetes since 8 yrs. Constricting pain in urethra with burning heat from fear, involuntary urinary flow at night, weakness, restlessness and increased thirst presented in initial visit. More prominent Key Rubrics are MIND - Emotions effects - Fright, fear, URINARY SYSTEM – Urethra - Pain – constricting, URINARY SYSTEM - Urethra - Burning, smarting heat and URINARY SYSTEM-Diabetes – with - Emaciation, thirst, restlessness, melancholic, were used for the selection of remedy. After repertorisation using O. E. Boericke's Repertory, Arg nitricum 30 was selected according to the repertorial totality. For assessing quality of life by SF 36 questionnaire was used as initial and last visit. Patient had scored high mark in general health, Physical functioning and social activity by verifying with SF 36 questionnaire. Based on the follow up symptoms, the medicine was repeated. Lab investigation checked before and after the treatment. The presenting complaints markedly reduced after treatment of 5 months. Patient showed marked improvement with symptomatic relief.

#### Case – 4

Mrs. X 4, of age 41 years female, House wife, Known Diabetes since 5 yrs. Indigestion of stomach from grief, heartburn, sensation of empty all gone feeling in stomach and accompanied with nervous depression and frequent desire urination at night presented in initial visit. More prominent Key Rubrics are MIND - Emotions effects - Grief, sorrow, STOMACH - Indigestion, dyspepsia - Type – catarrhal, STOMACH - Sensation - Empty, faint, sinking, all gone feeling , STOMACH - Symptoms and conditions - Pain - immediately after eating , STOMACH - Pain - with - nervous depression, URINARYSYSTEM - Urinary flow - frequent desire at night were used for the selection of remedy. After repertorisation using O. E. Boericke's Repertory, Lycopodium 30 was selected according to the repertorial totality. For assessing quality of life by SF 36 questionnaire was used as initial and last visit. Patient had scored high mark in general health, Physical functioning and social activity by verifying with SF 36 questionnaire. Based on the follow up symptoms, the medicine was repeated. Lab investigation checked before and after the treatment. The presenting complaints markedly reduced after treatment of 5 months. Patient showed marked improvement with symptomatic relief.

#### Case – 5

Mrs. X 5, of age 59 years female, Housewife, Known Diabetes since 10 yrs. Aching pain in knee A/F – depressed emotions from, coldness sensation of body, Increased urination flow, Increased thirst and Diabetes with gouty symptoms presented in initial visit. More prominent Key Rubrics are MIND-Mood and disposition -

Melancholic, despondent, depressed, gloomy, LOCOMOTOR SYSTEM – Knees - pains, aching, LOCOMOTOR SYSTEM, Knees – Coldness, GENERALITIES - Sensation of – numbness, URINARY SYSTEM – Diabetes – with - gouty symptoms were used for the selection of remedy. After repertorisation using O. E. Boericke's Repertory, Phosphorus 30 was selected according to the repertorial totality. For assessing quality of life by SF 36 questionnaire was used as initial and last visit. Patient had scored high mark in general health, Physical functioning and social activity by verifying with SF 36 questionnaire. Based on the follow up symptoms, the medicine was repeated. Lab investigation checked before and after the treatment. The presenting complaints markedly reduced after treatment of 6 months. Patient showed marked improvement with symptomatic relief.

#### Case – 6

Mrs. X 6, of age 45 years female, Housewife, Known Diabetes since 5yrs. Burning type of pain while passing urine A/F – fright, dark red color appearance of urine, Increased appetite at night, accompanied with great thirst and restlessness presented in initial visit. More prominent Key Rubrics are Mind - Emotions effects-Fear, fright, URINARY SYSTEM - Urine, Type, Burning, scalding hot. URINARY SYSTEM – Urine - color, Appearance, red-dark. STOMACH – Appetite – Increased – Hungry - At night and URINARY SYSTEM - Diabetes with melancholia, emaciation, thirst, restlessness were used for the selection of remedy. After repertorisation using O. E. Boericke's Repertory, Cantharis 30 was selected according to the reportorial totality. For assessing quality of life by SF 36 questionnaire was used as initial and last visit. Patient had scored high mark in general health, Physical functioning and social activity by verifying with SF 36 questionnaire. Based on the follow up symptoms, the medicine was repeated. Lab investigation checked before and after the treatment. The presenting complaints markedly reduced after treatment of 4 months. Patient showed marked improvement with symptomatic relief.



#### Case – 7

Mrs. X 7, of age 47 years male, Business, Known Diabetes since 9yrs. Dry, difficult stool, A/F- mental shock, Frequent urging with burning heat sensation, Weakness also presented in initial visit. More prominent Key Rubrics are ABDOMEN-Constipation, Cause and type, From - Mental shock, Nervous strain, ABDOMEN-Constipation, Type of stool, Dry, with frequent urging, ABDOMEN-Burning heat and URINARY SYSTEM-Diabetes-with Debility were used for the selection of remedy. After repertorisation using O. E. Boericke's Repertory, Nux vomica 200 was selected according to the repertorial totality. For assessing quality of life by SF 36 questionnaire was used as initial and last visit. Patient had scored high mark in general health, Physical functioning and social activity by verifying with SF 36 questionnaire. Based on the follow up symptoms, the medicine was repeated. Lab investigation checked before and after the treatment. The presenting complaints markedly reduced after treatment of 4 months. Patient showed marked improvement with symptomatic relief.

#### Case – 8

Mrs. X 8, of age 45 years female, House wife, Known Diabetes since 5yrs. Sleeplessness from emotional causes, Dull aching pain in back <At night, >Urination, Burning sensation between scapula, increased thirst and Frequent urging of urination at night presented in initial visit. More prominent Key Rubrics are NERVOUS SYSTEM-Insomnia-causes-Emotional causes, LOCOMOTOR SYSTEM- Back, Pains, Aching, dull, constant(backache), LOCOMOTOR SYSTEM-Back-Burning-between scapula, LOCOMOTOR SYSTEM Back, Pains, Aggravation, At night, LOCOMOTORSYSTEM

– Back - pains, Amelioration, from urination and URINARY SYSTEM- Urinary flow, frequent desire at night were used for the selection of remedy. After repertorisation using O. E. Boericke's Repertory, Sulphur 30 was selected according to the repertorial totality. For assessing quality of life by SF 36 questionnaire was used as initial and last visit. Patient had scored high mark in general health, Physical functioning and social activity by verifying with SF 36 questionnaire. Based on the follow up symptoms, the medicine was repeated. Lab investigation checked before and after the treatment. The presenting complaints markedly reduced after treatment of 5 months. Patient showed marked improvement with symptomatic relief.

#### Case – 9

Mrs. X 9, of age 54 years female, House wife, Known Diabetes since 10yrs. Dry difficult to pass stool A/F – Grief, sorrow, Trembling of abdomen, Accompanied with sensation of something behind, Increased appetite <before noon, Desire constant urinary flow at night presented in initial visit. More prominent Key Rubrics are MIND - Emotions effects-Grief, sorrow, ABDOMEN - Constipation, Type of stool dry, difficult, scanty, knotty, ball or dung-like, ABDOMEN – Flatulency - Trembling in, ABDOMEN - constipation, Concomitants, sensation of, something behind, STOMACH- Appetite-Increased – Hungry - before noon and URINARY SYSTEM - Urinary flow - Desire constant - at night were used for the selection of remedy. After repertorisation using O. E. Boericke's Repertory, Sulphur 200 was selected according to the repertorial totality. For assessing quality of life by SF 36 questionnaire was used as initial and last visit. Patient had scored high mark in general health, Physical functioning and social activity by verifying with SF 36 questionnaire. Based on the follow up symptoms, the medicine was repeated. Lab investigation checked before and after the treatment. The presenting complaints markedly reduced after treatment of 4 months. Patient showed marked improvement with symptomatic relief.

#### Case – 10

Mrs. X 10, of age 47 years male, House wife, Known Diabetes since 4 yrs. Itching of hands, A/F – grief, < Scratching > Cold application, Dry, scaly eruption, Sensation of burning on affected part and associated with gouty symptoms presented in initial visit. More prominent Key Rubrics MIND - Emotions effects- Grief, sorrow, SKIN- Eczema of hands, SKIN - Eruptions - Dry, scaly, GENERALITIES - Sensation of Burning, URINARY SYSTEM - Diabetes , sugar with gouty symptoms, SKIN - Pruritus, worse from scratching and SKIN - Pruritus, ameliorated from cold are were used for the selection of remedy. After repertorisation using O. E. Boericke's Repertory, Sulphur 200 was selected according to the repertorial totality. For assessing quality of life by SF 36 questionnaire was used as initial and last visit. Patient had scored high mark in general health, Physical functioning and social activity by verifying with SF 36 questionnaire. Based on the follow up symptoms, the medicine was repeated. Lab investigation checked before and after the treatment. The presenting complaints markedly reduced after treatment of 4 months. Patient showed marked improvement with symptomatic relief.

#### Case – 11

Mrs. X 11, of age 51 years female, House wife, Known Diabetes since 10 yrs. Colicky pain in abdomen A/F- anger, bad news from, Pain in umbilical region, < 4 - 5 pm > hot application, Distension of abdomen and accompanied with suppression of urine presented in initial visit. More prominent Key Rubrics are MIND - Emotions effects - Anger, bad news, disappointment, vexation, ABDOMEN - Colic pain Location,

Umbilical(about Navel), ABDOMEN - Colic pain -Type of pain, colicky, crampy, constricting, cutting, gripping, pinching, ABDOMEN -Flatulency Distention, fullness, heaviness, ABDOMEN - Colic, pain aggravation, about 4 - 5 p. m, ABDOMEN - Colic pain – Concomitants - Urine suppressed were used for the selection of remedy. After repertorisation using O. E. Boericke's Repertory, Lycopodium 200 was selected according to the repertorial totality. For assessing quality of life by SF 36 questionnaire was used as initial and last visit. Patient had scored high mark in general health, Physical functioning and social activity by verifying with SF 36 questionnaire. Based on the follow up symptoms, the medicine was repeated. Lab investigation checked before and after the treatment. The presenting complaints markedly reduced after treatment of 6 months. Patient showed marked improvement with symptomatic relief.

#### Case – 12

Mrs. X 12, of age 53 years male, coolie, Known Diabetes since 9 yrs. presented in initial visit. Itching in soles with cramping pain, Numbness, Palpitation of heart from emotional causes, Increased appetite at night and Weakness presented in initial visit. More prominent Key Rubrics are CIRCULATORY SYSTEM – Heart – Palpitation – Causes - Emotional causes, LOCOMOTOR SYSTEM - Soles - Pain, cramps, LOCOMOTOR SYSTEM - Soles – numbness, URINARY SYSTEM – Diabetes – with - Debility, and STOMACH – Appetite – increased – Hungry - at night were used for the selection of remedy. After repertorisation using O. E. Boericke's Repertory, Nux vomica 30 was selected according to the repertorial totality. For assessing quality of life by SF 36 questionnaire was used as initial and last visit. Patient had scored high mark in general health, Physical functioning and social activity by verifying with SF 36 questionnaire. Lab investigation checked before and after the treatment. The presenting complaints markedly reduced after treatment of 6 months. Patient showed marked improvement with symptomatic relief.

#### Case – 13

Mrs. X 13, of age 33 years female, Housewife, Known Diabetes since 6 yrs. Burning pain with sensation of numbness while passing urine, accompanied with gouty symptoms and Involuntary urinary flow at night presented in initial visit. More prominent Key Rubrics are MIND - Confusion, Depression, Dullness, URINARY SYSTEM - Urine - Type - Burning, scalding, hot, GENERALITIES - Sensation of – numbness, URINARY SYSTEM -Diabetes – with - Gouty symptoms, URINARY SYSTEM - Urinary flow – Involuntary - At night were used for the selection of remedy. After repertorisation using O. E. Boericke's Repertory, Phosphorus 30 was selected according to the repertorial totality. For assessing quality of life by SF 36 questionnaire was used as initial and last visit. Patient had scored high mark in general health, Physical functioning and social activity by verifying with SF 36 questionnaire. Lab investigation checked before and after the treatment. The presenting complaints markedly reduced after treatment of 6 months. Patient showed marked improvement with symptomatic relief.

#### Case – 14

Mrs. X 14, of age 62 years female, Housewife, Known Diabetes since 9 yrs. Pain in small joints cause after suppressed sad emotion, Wandering pains, stiffness <at night >open air, Restlessness, Increased appetite presented in initial visit. More prominent Key Rubrics are MIND-Mood and disposition-Sad-Sentimental, sighing, LOCOMOTOR SYSTEM- Rheumatism-erratic, wandering pains LOCOMOTOR SYSTEM- Rheumatism, joints, small, LOCOMOTOR SYSTEM – Joints - stiffness, LOCOMOTOR SYSTEM - Rheumatism, Aggravation at night, LOCOMOTOR

SYSTEM- Rheumatism, Amelioration in open air and LOCOMOTOR SYSTEM- Rheumatism, Concomitants, Restlessness were used for the selection of remedy. After repertorisation using O. E. Boericke's Repertory, Pulsatilla 200 was selected according to the repertorial totality. For assessing quality of life by SF 36 questionnaire was used as initial and last visit. Patient had scored high mark in general health, Physical functioning and social activity by verifying with SF 36 questionnaire. Lab investigation checked before and after the treatment. The presenting complaints markedly reduced after treatment of 6 months. Patient showed marked improvement with symptomatic relief.

#### Case – 15

Mrs. X 15, of age 46 years female, Housewife, Known Diabetes since 5 yrs. Pain in epigastric region of stomach > vomiting, A/F- sentimental emotions from, trembling sensation, Appetite increased at night and Pain with constipation presented in initial visit. More prominent Key Rubrics are MIND - Mood, disposition – Sad - Sentimental, sighing, STOMACH - Pain -Type – Epigastric, STOMACH – Sensation - Trembling, STOMACH - Pain with – Constipation, STOMACH – Pain - Ameliorated from-Vomiting and STOMACH - Appetite - Increased Hungry - at night were used for the selection of remedy. After repertorisation using O. E. Boericke's Repertory, Phosphorus 200 was selected according to the repertorial totality. For assessing quality of life by SF 36 questionnaire was used as initial and last visit. Patient had scored high mark in general health, Physical functioning and social activity by verifying with SF 36 questionnaire. Lab investigation checked before and after the treatment. The presenting complaints markedly reduced after treatment of 6 months. Patient showed marked improvement with symptomatic relief.

#### Case – 16

Mrs. X 16, of age 52 years female, Housewife, Known Diabetes since 12 yrs. Indigestion of stomach cause from anxious, Catarrhal type of pain Sensation of burning heat at night, Involuntary urination at night, Appetite increased and Accompanied with gastralgia presented in initial visit. More prominent Key Rubrics are Mind-Mood disposition-Anxious, STOMACH -Indigestion, dyspepsia – Type - Catarrhal, STOMACH – Sensation - Burning heat, STOMACH –Pain - Concomitants to gastralgia, with anemia and URINARY SYSTEM - Urinary flow- Involuntary urination - At night were used for the selection of remedy. After repertorisation using O. E. Boericke's Repertory, Sulphur 200 was selected according to the repertorial totality. For assessing quality of life by SF 36 questionnaire was used as initial and last visit. Patient had scored high mark in general health, Physical functioning and social activity by verifying with SF 36 questionnaire. Lab investigation checked before and after the treatment. The presenting complaints markedly reduced after treatment of 6 months. Patient showed marked improvement with symptomatic relief.

#### Case – 17

Mrs. X 17, of age 42 years male, conductor, Known Diabetes since 10 yrs. Dry with frequent urging to pass stool A/F-Mental shock, <Emotional excitement, Sensation of something remaining behind, Burning sensation and Weakness present presented in initial visit. More prominent Key Rubrics are ABDOMEN - constipation, cause and type, from Mental shock, nervous strain, ABDOMEN - Constipation, Type of stool, Dry with frequent urging, GENERALITIES - Sensation of - burning, ABDOMEN - Constipation,

concomitants, sensation of something remaining behind, URINARY SYSTEM - Diabetes, with debility and MODALITIES – Aggravation - Emotional excitement were used for the selection of remedy. After repertorisation using O. E. Boericke's Repertory, Nux vomica 200 was selected according to the repertorial totality. For assessing quality of life by SF 36 questionnaire was used as initial and last visit. Patient had scored high mark in general health, Physical functioning and social activity by verifying with SF 36 questionnaire. Lab investigation checked before and after the treatment. The presenting complaints markedly reduced after treatment of 6 months. Patient showed marked improvement with symptomatic relief.

#### Case – 18

Mrs. X 18, of age 59 years female, Anganvadi worker, Known Diabetes since 9 yrs. Dull aching pain in back Cause from mental exertion, Frequent involuntary urinary flow at night, Bladder sensation as if chill rising from to back <After urination and Accompanied with restlessness presented in initial visit. More prominent Key Rubrics are GENERALITIES - Mental labour, suffering from, LOCOMOTOR SYSTEM - Back, pains, Aching, dull, constant, URINARY SYSTEM- Bladder - Feeling as if – chill rising from, to back, LOCOMOTOR SYSTEM – Joints - Nervous restlessness, and URINARY SYSTEM - Urinary flow – Involuntary - at night were used for the selection of remedy. After repertorisation using O. E. Boericke's Repertory, Nux vomica 200 was selected according to the repertorial totality. For assessing quality of life by SF 36 questionnaire was used as initial and last visit. Patient had scored high mark in general health, Physical functioning and social activity by verifying with SF 36 questionnaire. Lab investigation checked before and after the treatment. The presenting complaints markedly reduced after treatment of 6 months. Patient showed marked improvement with symptomatic relief.



#### Case – 19

Mrs. X 19, of age 63 years female, House wife Known Diabetes since 10 yrs. Burning pain with feeling as if distention of bladder A/F- anxiety, Frequent urination at night, Weakness present and Appetite increased presented in initial visit. More prominent Key Rubrics are MIND-Mood, disposition- Anxious, URINARY SYSTEM- Urine-Type- Burning, scalding, hot, URINARY SYSTEM - Bladder - Feeling as if –distended, URINARY SYSTEM - Urinary flow - Desire constant- At night and URINARY SYSTEM - Diabetes with Debility were used for the selection of remedy. After repertorisation using O. E. Boericke's Repertory, Sulphur 200 was selected according to the repertorial totality. For assessing quality of life by ,SF 36 questionnaire was used as initial and last visit. Patient had scored high mark in general health, Physical functioning and social activity by verifying with SF 36 questionnaire. Lab investigation checked before and after the treatment. The presenting complaints markedly reduced after treatment of 6 months. Patient showed marked improvement with symptomatic relief.

#### Case – 20

Mrs. X 20, of age 50 years female, House wife, Known Diabetes since 10 yrs. Indigestion of stomach A/F- unpleasant emotions from, Atonic type of pain with sensation as if heaviness , pressure as from stone >warm drinks, accompanied with gouty symptoms and appetite increased < after meal presented in initial visit. More prominent Key Rubrics are STOMACH, Indigestion dyspepsia, Cause - Nervous, unpleasant emotions, STOMACH-Indigestion dyspepsia, Type, Atonic, nervous, acid, STOMACH – Sensation - Heaviness, pressure as from stone or lump, URINARY SYSTEM – Diabetes

– with - gouty symptoms, STOMACH - Appetite increased Hungry- even after meal and STOMACH - Pain-amelioration from - drinks – warm were used for the selection of remedy. After repertorisation using O. E. Boericke's Repertory, Lycopodium 200 was selected according to the repertorial totality. For assessing quality of life by SF 36 questionnaire was used as initial and last visit. Patient had scored high mark in general health, Physical functioning and social activity by verifying with SF 36 questionnaire. Lab investigation checked before and after the treatment. The presenting complaints markedly reduced after treatment of 6 months. Patient showed marked improvement with symptomatic relief.

#### Case – 21

Mrs. X 21, of age 50 years female, House wife, Known Diabetes since 5 yrs. Pain in small joints with restlessness A/F grief, sorrow, wandering pains with stiffness <Warmth, > open air presented in initial visit. More prominent Key Rubrics are MIND- Emotions effects - Grief, sorrow, LOCOMOTOR SYSTEM, Rheumatism, Erratic, wandering pains, LOCOMOTOR SYSTEM, Rheumatism, Joints, small, LOCOMOTOR SYSTEM- Joints - Stiffness, LOCOMOTOR SYSTEM, Rheumatism, Concomitants, Restlessness and LOCOMOTOR SYSTEM, Rheumatism, Aggravation, from, Warmth used for the selection of remedy. After repertorisation using O. E. Boericke's Repertory, Pulsatilla 30 was selected according to the repertorial totality. For assessing quality of life by SF 36 questionnaire was used as initial and last visit. Patient had scored high mark in general health, Physical functioning and social activity by verifying with SF 36 questionnaire. Lab investigation checked before and after the treatment. The presenting complaints markedly reduced after treatment of 6 months. Patient showed marked improvement with symptomatic relief.

#### Case – 22

Mrs. X 22, of age 42 years male, coolie. Known Diabetes since 6 yrs. Palpitation of heart cause from grief, <after eating, Constricting pain in urethra with burning sensation, Accompanied with weakness, empty feeling and Involuntary urination at night presented in initial visit. More prominent Key Rubrics are CIRCULATORY SYSTEM – Heart – Palpitation –Cause - Grief, URINARY SYSTEM – Urethra – Pain - Constricting, URINARY SYSTEM – Urethra – Burning - smarting, heat, CIRCULATORY SYSTEM – Heart – Palpitations –Concomitants - with weakness, empty feeling, CIRCULATORY SYSTEM – Heart – Palpitations – Aggravation - After eating and URINARY SYSTEM - Urinary flow – Involuntary - At night used for the selection of remedy. After repertorisation using O. E. Boericke's Repertory, Calc carb 30 was selected according to the repertorial totality. For assessing quality of life by SF 36 questionnaire was used as initial and last visit. Patient had scored high mark in general health, Physical functioning and social activity by verifying with SF 36 questionnaire. Lab investigation checked before and after the treatment. The presenting complaints markedly reduced after treatment of 6 months. Patient showed marked improvement with symptomatic relief.

#### Case – 23

Mrs. X 23, of age 42 years male, Business, Known Diabetes since 4 yrs. Vertigo < Shaking or turning head A/F-Mental exertion, Vertigo with palpitation of heart, Burning pain in stomach with trembling and Frequent desire urine at night presented in initial visit. More prominent Key Rubrics are HEAD- VERTIGO, Cause and type - Mental exertion, STOMACH –Pain – Type - Burning as from ulcer, STOMACH –

Sensation - Trembling, VERTIGO, Concomitants, Palpitation, heart symptoms, VERTIGO, Occurrence, When, shaking or turning head and URINARY SYSTEM - Urinary flow - Frequent desire - at night were used for the selection of remedy. After repertorisation using O. E. Boericke's Repertory, Arg nitricum 200 was selected according to the repertorial totality. For assessing quality of life by SF 36 questionnaire was used as initial and last visit. Patient had scored high mark in general health, Physical functioning and social activity by verifying with SF 36 questionnaire. Lab investigation checked before and after the treatment. The presenting complaints markedly reduced after treatment of 6 months. Patient showed marked improvement with symptomatic relief.

#### Case – 24

Mrs. X 24, of age 51 years male, Business, Known Diabetes since 8 yrs. Constipation with Frequent ineffectual urging of stool A/F – Mental shock < Emotional excitement, distention with heaviness feeling in abdomen, Constipation with backache and Increased appetite <before noon presented in initial visit. More prominent Key Rubrics are ABDOMEN, Constipation, Cause and type, Mental shock, nervous strain, ABDOMEN, Constipation, Type of stool, Frequent, ineffectual urging, ABDOMEN – Flatulency - Distention, fullness, heaviness, ABDOMEN, Constipation, Concomitants, Backache, MODALITIES – Aggravation - Emotional excitement and STOMACH – Appetite – Increased – Hungry - before noon were used for the selection of remedy. After repertorisation using O. E. Boericke's Repertory, Sulphur 30 was selected according to the repertorial totality. For assessing quality of life by SF 36 questionnaire was used as initial and last visit. Patient had scored high mark in general health, Physical functioning and social activity by verifying with SF 36 questionnaire. Lab investigation checked

before and after the treatment. The presenting complaints markedly reduced after treatment of 6 months. Patient showed marked improvement with symptomatic relief.

#### Case – 25

Mrs. X 25, of age 50 years male, Watch man, Known Diabetes since 7 yrs. Constipation with dry, difficult to pass stool cause from after mental shock, Accompanied with enuresis, Sensation of numbness, Weakness and Involuntary urination at night presented in initial visit. More prominent Key Rubrics are ABDOMEN – Constipation, Cause and type, from – mental shock, nervous strain, ABDOMEN - Constipation, Type of stool, Dry, difficult, scanty, GENERALITIES - Sensation of – Burning, ABDOMEN - Constipation, Concomitants, Enuresis, URINARY SYSTEM - Diabetes - with debility and URINARY SYSTEM - Urinary flow –Involuntary - at night were used for the selection of remedy. After repertorisation using O. E. Boericke's Repertory, Causticum 200 was selected according to the repertorial totality. For assessing quality of life by SF 36 questionnaire was used as initial and last visit. Patient had scored high mark in general health, Physical functioning and social activity by verifying with SF 36 questionnaire. Lab investigation checked before and after the treatment. The presenting complaints markedly reduced after treatment of 6 months. Patient showed marked improvement with symptomatic relief.

#### Case – 26

Mrs. X 26, of age 46 years female, Business, Known Diabetes since 10 yrs. Headache cause from mental exertion, Dull aching Pain in frontal region <bending head forward, Sensation of numbness, Accompanies with restlessness presented in initial visit. More prominent Key Rubrics are HEAD – Headache – Cause - Mental exertion or nervous exhaustion, HEAD – Headache - Character of pain- Aching, dull, HEAD – Headache – Location - Frontal, GENERALITIES - Sensation of – Numbness, URINARY SYSTEM – Diabetes – with - melancholia, thirst, restlessness and HEAD – Headache – Aggravation - bending head - forward were used for the selection of remedy. After repertorisation using O. E. Boericke's Repertory, Ignatia 30 was selected according to the repertorial totality. For assessing quality of life by SF 36 questionnaire was used as initial and last visit. Patient had scored high mark in general health, Physical functioning and social activity by verifying with SF 36 questionnaire. Lab investigation checked before and after the treatment. The presenting complaints markedly reduced after treatment of 6 months. Patient showed marked improvement with symptomatic relief.

#### Case – 27

Mrs. X 27, of age 53 years male, Business, Known Diabetes since 8 yrs. Colicky Pain in umbilical region, Burning heat sensation, A/F- Grief, sorrow, Colic pain with suppression of urine <4 - 5 pm >pressure presented in initial visit. More prominent Key Rubrics are MIND - Emotions effects - Grief, sorrow, ABDOMEN - Colic pain - Type of pain -Colicky, crampy, constricting, ABDOMEN - Colic pain – Location - Umbilical, ABDOMEN - Burning heat, ABDOMEN- Colic pain – Concomitants - urine suppressed,

ABDOMEN - Colic pain –Aggravation - about 4 - 5 p. m, ABDOMEN - Colic pain - Amelioration from pressure were used for the selection of remedy. After repertorisation using O. E. Boericke's Repertory, Colocynth 30 was selected according to the repertorial totality. For assessing quality of life by SF 36 questionnaire was used as initial and last visit. Patient had scored high mark in general health, Physical functioning and social activity by verifying with SF 36 questionnaire. Lab investigation checked before and after the treatment. The presenting complaints markedly reduced after treatment of 6 months. Patient showed marked improvement with symptomatic relief.

#### Case – 28

Mrs. X 28, of age 55 years female, Housewife, Known Diabetes since 7 yrs. Burning pain in stomach cause from disappointment, bad news, Heartburn, Accompanied with pain in throat and spine alternately, Frequent desire urination at night and Weakness present presented in initial visit. More prominent Key Rubrics are MIND - Emotions effects - Anger, bad news, disappointment STOMACH – Pain – Type – Burning, as from ulcer, STOMACH - Symptoms and Conditions – Heartburn, pyrosis, STOMACH - Pain – With – Pain in throat and spine alternately, URINARY SYSTEM – Urinary flow – frequent Urination – At Night and URINARY SYSTEM – Diabetes – With Debility were used for the selection of remedy. After repertorisation using O. E. Boericke's Repertory, Natrum mur 30 was selected according to the repertorial totality. For assessing quality of life by SF 36 questionnaire was used as initial and last visit. Patient had scored high mark in general health, Physical functioning and social activity by verifying with SF 36

questionnaire. Lab investigation checked before and after the treatment. The presenting complaints markedly reduced after treatment of 6 months. Patient showed marked improvement with symptomatic relief.

#### Case – 29

Mrs. X 29, of age 56 years female, Housewife, Known Diabetes since 9 yrs. Aching pain in feet A/F –Grief, Itching , < Scratching , <warmth of bed, Numbness and Restlessness presented in initial visit. More prominent Key Rubrics are MIND - Emotions effects - Grief, sorrow, LOCOMOTOR SYSTEM - Feet – Pain - Aching, bruised LOCOMOTOR SYSTEM - Feet – Numbness, formication, go asleep, LOCOMOTOR SYSTEM - Feet - Itching - Worse on scratching, warmth of bed and URINARY SYSTEM – Diabetes – with - melancholia, thirst, restlessness were used for the selection of remedy. After repertorisation using O. E. Boericke's Repertory, Ammonium mur 200 was selected according to the repertorial totality. For assessing quality of life by SF 36 questionnaire was used as initial and last visit. Patient had scored high mark in general health, Physical functioning and social activity by verifying with SF 36 questionnaire. Lab investigation checked before and after the treatment. The presenting complaints markedly reduced after treatment of 6 months. Patient showed marked improvement with symptomatic relief.



### Case – 30

Mrs. X 30, of age 61 years female, Housewife Known Diabetes since 9 yrs. Itching of hands A/F- sadness < scratching, > cold application, Burning pain with bleeding, Change of site of itching present and Weakness present presented in initial visit. More prominent Key Rubrics are MIND - Mood and disposition – Sad - sentimental, sighing, SKIN - Pruritus of - hands, arms, SKIN - Pruritus - followed by - bleeding, pains, burning, SKIN - Pruritus - followed by – change of site of itch, SKIN – Pruritus - Worse from - Scratching, SKIN – Pruritus - ameliorated from – cold and URINARY SYSTEM – Diabetes – with – Debility were used for the selection of remedy. After repertorisation using O. E. Boericke's Repertory, Sulphur 30 was selected according to the reportorial totality. For assessing quality of life by SF 36 questionnaire was used as initial and last visit. Patient had scored high mark in general health, Physical functioning and social activity by verifying with SF 36 questionnaire. Lab investigation checked before and after the treatment. The presenting complaints markedly reduced after treatment of 6 months. Patient showed marked improvement with symptomatic relief.

## APPENDIX VII MASTER CHART

Sl. No	Preliminary Patient details	Diagnosis with duration	Past History	Family History	Symptom Presentation		O.E. Boericke's symptom totality	Lab Investigation								Medicinal Prescription		Significant changes of observing symptoms by MOS SF 36 Questionnaire		Remarks
	HbA1C							Urine Sugar		Blood Pressure		Cholesterol		Before treatment	After treatment					
	OP No., Name, Age, Sex, Address				Before	After		Before	After	Before	After	Before	After							
1	3117/17 Pushpa Vathi, 60/F House wife Colachal	DM Since 9 yrs	Hepatitis	Nothing Relevant	Aching pain in upper extremities A/F - Grief. Trembling of hands. Increased appetite and thirst. Weakness. Frequent desire for urination at night.	Aching pain in upper extremities better than before. Appetite and thirst Good. Frequent desire for urination at night feels better. Weakness better.	MIND-Emotions- Grief, sorrow. LOCOMOTOR SYSTEM - Upper extremities- Pains -aching. LOCOMOTOR SYSTEM - Upper extremities - Trembling. URINARY SYSTEM - Diabetes -with Debility. URINARY SYSTEM - Urinary flow frequent desire -at night.	8	6	+	+	130/70	130/70	203	198	Acid 30	Phos	45	69	Improved

2	10962/10 Wincent 59/M Business Attoor	DM Since 4 yrs	Chikungunya before 10 yrs	Father - Diabetes	Burning pain in stomach . A/F - Nervous emotions s < night Sensation of numbness of body. Increased appetite at night. Backache also present.	Burning pain feels better Back pain better than before Sensation of numbness of body feels better. Appetite good.	STOMACH- Indigestion dyspepsia-Cause- Nervous, unpleasant emotions. STOMACH, pain(gastrodynia), Type, Burning as from ulcer. GENERALITIES- Sensation of – Numbness. STOMACH, pain (gastrodynia), At night. STOMACH Appetite-increased- Hungry-even after meal.STOMACH H,pain(gastrodynia), with,backache, anxiety.	9	7	+	+	13 0/ 90	13 0/ 90	203	200	Ars alb 30	60	75	Improved
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3	62/17 Velappa n.T 45/M Business Marthan dam	DM Sinc e 8 yrs	Den gue feve r	Not hin g Rel eva nt	Burnin g pain in urethra. A/F- Digesti ve disturb ances. Involun tary urinatio n at night. Weakn ess present. Great thirst with restless ness.	Burni ng sensati on in urethr a feels better than before . Weak ness presen t Involu ntary urinatio n better than before .	URINARY SYSTEM- Bladder,Enuresi s,incontinence- Cause-Digestive disturbances. URINARY SYSTEM- urethra-Pain- constricting. URINARY SYSTEM – urethra-Burning, smarting heat. URINARY SYSTEM – Urinary flow, Involuntary, At night. URINARY SYSTEM - Diabetes, with, debility. URINARY SYSTEM- Diabetes-with- Emaciation, thirst, restlessness, melancholic.	7.5	6	+	+	12 0/ 90	12 0/ 80	180 mg/ dl	200 mg/ dl	Arg nit 30	60	85	Impr oved
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4	12603/16 Vasanth a Kumari. D ,41/F House wife Karunga l	DM Sinc e 5 yrs	Not hing Rele vant	Mot her - Hy pert ensi on	Sensati on of all gone empty feeling in stomac h A/F - grief. Pain < Immedi ately after eating. Pain associat ed with nervous depress ion. Freque nt desire urinary flow at night.	Sensat ion of all gone feelin g in stoma ch feels better. Nervo us depres sion slightl y better than before . Frequ ent desire urinati on better than before .	MIND- Emotions effects-Grief, sorrow STOMACH- Indigestion, dyspepsia-Type- catarrhal STOMACH- Sensation- Empty,faint,sink ing,all gone feeling STOMACH- Symptoms and conditions – Pain- immediately after eating STOMACH- Pain-with- nervous depression URINARYSYS TEM-Urinary flow-frequent desire at night	8.2	6	+	+	13 0/ 90	12 0/ 90	234	198	Lycopodium 30	54	82	Impr oved
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5	7866/18 Krishna mma.N 59/F Housew ife Chithara l,	DM Sinc e 10 yrs	Chik ung uniy a	Mot her - Dia bete s	Aching pain in knees with coldnes s sensati on. A/F- gloomy ,depres sed.Sen sation of numbn ess of body. Associa ted with gouty sympto ms. <emoti onal excitem ent. >open air.	Achin g pain in knees with coldne ss sensati on feels better than before . Sensat ion of numb ness feels better.	MIND-Mood and disposition- Melancholic,des pondent,depress ed,gloomy LOCOMOTOR SYSTEM - Knees- pains,aching LOCOMOTOR SYSTEM, Knees- Coldness GENERALITIE S -Sensation of - numbness URINARY SYSTEM- Diabetes-with- gouty symptoms MODALITIES- Aggravation- Emotional excitement. MODALITIES- Ameliorations- Air-cool-open	11	10	2 +	1 +	14 0/ 10 0	13 0/ 90	187	180	Phosphorus 30	42	72	Impr oved
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6	1952/18 T.Latha, Irunipur am, 45/F House wife	DM Sinc e 5 yrs	Hep atitis	Gra nd mot her - Dia bete s	Retenti on of urine with burning type of pain while passing urine, A/F- after surgical operati ons. Dark red color appeara ncee of urine. Increas ed appetite at night. Restles sness.	Burni ng pain with retenti on of urine slightl y better than before . Appeti te norma l. Restle ssness better than before ..	URINARY SYSTEM- Urinary flow- Retention-from- surgical operations. URINARY SYSTEM-Urine, Type,Burning,sc alding hot. URINARY SYSTEM- Urine-color, Appearance, red-dark. STOMACH- Appetite- Increased- Hungry-At night. URINARY SYSTEM- Diabetes with melancholia, emaciation, thirst, restlessness.	10. 6.5	11. 6	2 +	2 +	13 0/ 80	12 0/ 80	156	168	Cantharis 30	62	78	Impr oved
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7	2555/18 S.Shaja khan, 47/M Attoor. Busines s	DM Sinc e 9 yrs	Ren al calc uli	Not hin g Rel eva nt	Indiges tion of stomac h with dry , difficul t to pass , frequen t urging ofstool, A/FHe morrh oids. Associa tedwith colicpai n. <Menta exertio n. < Evenin g.	Dry difficu lt to pass stool feels better than before Burni ng heat sensati on feels better than before Colic pain feels better.	ABDOMEN- Constipation, Cause and type,From Hemorrhoids. ABDOMEN- Constipation, Type of stool,Dry,with frequent urging. ABDOMEN- Burning heat. ABDOMEN- Constipation, Concomitants, Colic,cramps. MODALITIES- Aggravation- Mental exertion. MODALITIES- Aggravation- Evening.	7.3	7	2 +	1 +	13 0/ 80	12 0/ 80	230	220	Nux 200	vom	54	72	Impr oved
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8	6333/12 P.Hemal atha, 45/F Ponman ai. House wife	DM Sinc e 5 yrs	Pne umo nia	Bro ther - Hy pert ensi on	Loss of sleep A/F - Emotio nal causes. Aching pain in back with burning sensati on in betwee n scapula . < at night. >urinati on. Freque nt desire urinary flow at night. Weakn ess present.	Achin g pain in back slightl y better than before . Sleep impro ved. Frequ ent desire urinar y flow feels better. Weak ness feels better.	NERVOUS SYSTEM- Insomnia- causes- Emotional causes. LOCOMOTOR SYSTEM- Back,Pains,Achi ng,dull,constant( backache) LOCOMOTOR SYSTEM-Back- Burning- between scapula LOCOMOTOR SYSTEM - Back,Pains,Aggr avation, At night LOCOMOTOR SYSTEM - Back.pains,Ame lioration,from urination URINARY SYSTEM- Urinary flow,frequent desire at night URINARY SYSTEM- Diabetes-with- Debility.	6.9	7.5	1 +	1 +	11 0/ 80	12 4/ 80	188	170	Sulphur 30	58	73	Impr oved
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9	4858/18 Fathima Jawariya, 54/F Kayalpa ttanam. House wife	DM Since 10 yrs	Dengue fever	Mother – Hypertension	Dry, difficult scanty stool A/F - abuse of purgatives. Trembling in abdomen with sensation of something behind. Increased appetite <before noon. Desire constant urinary flow at night.	Dry, difficult scanty stool better than before. Trembling sensation of abdomen feels better. Appetite good. Desire constant urinary flow feels better than before.	ABDOMEN - Constipation, Cause and type, from abuse of purgatives ABDOMEN - Constipation, Type of stool dry, difficult, scanty, knotty, ball or dung-like ABDOMEN- Flatulency- Trembling in ABDOMEN- constipation, Concomitants, sensation of, something behind STOMACH- Appetite- Increased- Hungry-before noon. URINARY SYSTEM – Urinary flow- Desire constant- at night	10.8	11.5	2+	1+	130/90	120/90	236	210	Sulphur 200	48	75	Improved
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10	8330/15 Mariya Wincent 47/M Attoor. Business	DM Since 4 yrs	Nothing Relevant	Nothing Relevant	Eczema of hands with dry scaly eruptions. A/F- Grief Sensation of burning on affected part. itching Increased thirst with restlessness. Itching present <Scratching >cold.	Dry scaly eruption of hands with burning sensation feels better than before . Thirst normal Restlessness better than before . Itching feels better.	MIND- Emotions effects-Grief, sorrow. SKIN- Eczema of hands SKIN- Eruptions-Dry, scaly. GENERALITIE S-Sensation of – Burning. URINARY SYSTEM- Diabetes , sugar with Melancholia, emaciation,thirst ,restlessness SKIN- pruritus,worse from scratching. SKIN- pruritus,amelior ated from cold.	8.3	7.5	3 +	2 +	13 0/ 70	12 0/ 70	192	186	Sulphur 200	50	69	Improved
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11	3438/17 Girija, 51/F Chithara l House wife	DM Sinc e 10 yrs	Not hing Rela vant	Fat her - Hy pert ensi on	Cramp y colicky pain in abdome n in umbilic al region. A/F- gastric disorde r. Distens ion of abdome n		MIND- Emotions effects-Anger, badnews, disappointment, vexation. ABDOMEN- Colicpain Location,Umbili cal(about Navel).ABDOM EN- Colicpain,Type ofpain,Colicky,c rampy,constricti ng,cutting,grippi ng,pinching. ABDOMEN- Flatulency- Distension,fulln ess,heaviness. ABDOMEN- colic,pain aggravation,abo ut 4-5 p.m. ABDOMEN- Colicpain- Concomitants- Urinesuppressed STOMACH- Appetite- increased- Hungry-even after meal.	10. 8	9	2 +	1 +	13 8/ 80	12 0/ 90	238	204	Lycopodium 200	51	68	Impr oved
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12	6438/18 Sivagnam, 53/M Marthandam Coolie	DM Since 9 yrs	Pneumonia	Mother - Diabetics	Palpitation of heart A/F-emotional causes. < from thinking of Cramping pain in soles with numbness present. Associated with sleeplessness. Increased appetite at night.	Palpitation of heart feels better than before Pain, cramps in soles with numbness feels better than before Sleep improved. Appetite normal.	CIRCULATOR Y SYSTEM- Heart-Palpitation- Causes-Emotional causes. LOCOMOTOR SYSTEM - Soles - Pain, cramps. LOCOMOTOR SYSTEM - Soles - numbness. CIRCULATOR Y SYSTEM- Heart-Palpitations- Concomitants-with sleeplessness. CIRCULATOR Y SYSTEM- Heart-Palpitations- Aggravation-from thinking of it. STOMACH - Appetite-increased- Hungry-at night	7.3	6.8	2 +	2 +	13 0/ 70	12 0/ 70	254	268	Nux vom 30	43	67	Improved
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13	5449/18 Suganthi DevaRaj , 33/F Vaidhyanithapuram House wife	DM Since 6 yrs	Typ hoid fever	Not hin g Rel eva nt	Inflam mation of kidney A/F- After influen za. Burnin g pain while passing urine. Sensati on of numbne ss of body. < stretche d legs	Inflam mation of kindne y feels better than before . Burni ng pain while passin g urine better than before . Sensat ion of numb ness presen t.	URINARY SYSTEM- Kidneys- Inflammation- from-Influenza. URINARY SYSTEM- Urine-Type- Burning, scalding,hot GENERALITIE S- Sensation of -numbness URINARY SYSTEM- Kidneys- Inflammation- Concomitants- Uraemic symptoms. URINARY SYSTEM- Kidneys- Aggravation- from stretched legs.	7.2 1	6.9	2 +	1 +	12 0/ 90	11 0/ 80	258 mg/ dl	236 mg/ dl	Phosphorus 30	51	76	Impr oved
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14	4191/18 Hemalatha, 62/F Karungal House wife	DM Since 9 yrs	Hepatitis	Father - Hypertension, Diabetes	Pain in small joints with restlessness. A/F-Sad. sentimental. Stiffness present. < at night. > open air.		MIND-Mood and disposition-Sad-Sentimental, sighing. LOCOMOTOR SYSTEM-Rheumatism-erratic, wandering pains LOCOMOTOR SYSTEM-Rheumatism, joints, small LOCOMOTOR SYSTEM-Joints-stiffness. LOCOMOTOR SYSTEM-Rheumatism, Aggravation at night LOCOMOTOR SYSTEM-Rheumatism, Amelioration in open air LOCOMOTOR SYSTEM-Rheumatism, Concomitants, Restlessness	6.4 3	5.8	1 +	1 +	14 0/ 10 0	14 0/ 90	186	194	Pulsatilla 200	54	72	Improved
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15	12072/15, Subha, 46/F Padman abnapur am Housew ife	DM Sinc e 5 yrs	Chic ken pox	Not hin g Rel eva nt	Loss of sleep causes abdomi nal disturb ances. Pain in epigast ric regiono f stomac h. Sensati on of trembli ng of body. Associa ted with irregula r stool. >vomiti ng. Increas ed appetite at night.	Pain in epigat ric region feels better than before . Sensat ion of numb ness better. Stool regula r. Sleep impro ved. Appeti te norma l.	NERVOUS SYSTEM- Insomnia- Causes- Abdominal disturbances. STOMACH- Pain -Type - Epigastric STOMACH- Sensation- Trembling. STOMACH- Painwith- Constipatio STOMACH- Pain- Ameliorated from-Vomiting. STOMACH- Appetite- Increased Hungry-at night.	13. 74	10. 5	3 +	3 +	13 0/ 90	12 0/ 90	206	208	Phosphorus 200	52	76	Impr oved
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16	6345/11 , Mariya Thanka m.N, 52/F Azhakiy a mandap am House wife	DM Sinc e 12 yrs	Typ hoid feve r	Fat her - OA	Indiges tion of stomac h with burning sensati on present. A/F- Anxiou s. Gastral gia with anemia present. Involun tary urinatio n at night.	Lindig estion of stoma ch with burnin g sensati on feels better than before . Involu ntary urinati on feels better than before .	Mind-Mood disposition- Anxious. STOMACH- Indigestion, dyspepsia-Type- Catarrhal. STOMACH- Sensation- Burning heat. STOMACH- Pain- Concomitants to gastralgia, with anemia. URINARY SYSTEM - Urinary flow- Involuntary urination-At night.	7.6 2	6.8	2 +	2 +	13 6/ 78	13 0/ 78	238	246	Sulphur 200	56	69	Impr oved
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17	16521/16 Ayyappa n, 42/M Pechipar ai Conduct or	DM Sinc e 10 yrs	Not hing Rela vant	Not hin g Rel eva nt	Dry stool with frequen t urging of stool present. A/F= Gastric derange ments. Sensati on of numbn ess of body. Associa tedwith sensati onof somethi ngrema iningbe hind.<e motion alexcite mentW eakness present	Fregu ent urging with difficu lt to pass stool better than before . Sensat ion of numb ness of body. Weak ness feels better.	ABDOMEN - constipation, cause and type, from gastric derangements. ABDOMEN - Constipation, Type of stool, Dry with frequent urging. GENERALITIE S-Sensation of- burning. ABDOMEN - Constipation, concomitants, sensation of something remaining behind. URINARY SYSTEM - Diabetes, with debility. MODALITIES -Aggravation- Emotional excitement.	10. 37	10	3 +	2 +	11 0/ 80	11 0/ 84	308	278	Nux 200	vom	50	76	Impr oved
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18	2342/15 Esther Rani,59/ F Thirunel veli Anganv adi worker	DM Sinc e 9 yrs	Chic ken pox	Not hin g Rel eva nt	Dull aching pain in back A/F- Mental exertio n. Feeling as if chill rising from to back. Associa te with restless ness. < after urination Involun tary urination at night.	Dull achig pain in back feels better than before . Restle ssness feels better. Involu ntary urinatio n slightl y better than before .	GENERALITIE S-Mental labour,suffering from. LOCOMOTOR SYSTEM,Back, pains, Aching,dull,cont ant. URINARY SYSTEM- Bladder-Feeling as if –chill rising from, to back. LOCOMOTOR SYSTEM- Joints-Nervous restlessness. URINARY SYSTEM- Bladder-Pain- Modalities- Aggravation- After urination. URINARY SYSTEM- Urinary flow- Involuntary- at night.	10. 86	9	2 +	1 +	14 2/ 80	14 0/ 80	246	240	Nux 200	vom	51	70	Impr oved
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19	12801/15 Stella Glory,6 3/F Thikkan amcode House wife	DM Sinc e 10 yrs	Not hing Rela vant	Mot her - Hy pert ensi on	Inconti nence of urine A/F- after catheter ization. Burnin g pain while passing urine with feeling as if distensi on of bladder . Desire constan t urging of urine at night. Weakn ess present	Burni ng pain while passin g urine feels better than before . Desire consta nt urging of urinati on feels better than before . Weak ness feels better.	URINARY SYSTEM- Bladder- Enuresis, incontinence- Cause- Catheterization. URINARY SYSTEM- Urine- Type- Burning,scaldin g,hot URINARY SYSTEM- Bladder-Feeling as if –distended. URINARY SYSTEM - Urinary flow - Desire constant- At night URINARY SYSTEM - Diabetes with Debility	11. 54	11	3 +	3 +	14 0/ 90	14 2/ 90	178	176	Sulphur 200	48	70	Impr oved
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20	9344/17 Y.T.Saradha,50/ F Nediyan code Housewife	DM Since 10 yrs	Hepatitis	Father-Diabetes, Hypertension	Indigestion of stomach A/F-after fever. Sensation of heaviness in stomach Associated with gouty symptoms. Increased appetite after meal. > warm drinks.	Indigestion of stomach feels better than before. Sensation of heaviness feels better. Appetite good.	STOMACH, Indigestion dyspepsia, Cause-Fevers, acute,after. STOMACH-Indigestion dyspepsia, Type,Atonic,nervous,acid. STOMACH-Sensation-Heaviness,pressure as from stone or lump. URINARY SYSTEM-Diabetes-with-gouty symptoms. STOMACH - Appetite increased Hungry-even after meal. STOMACH-Pain-amelioration from-drinks – warm.	9.7	10	3 +	2 +	15 0/ 90	15 0/ 80	208	198	Lycopodium 200	44	64	Improved
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21	478/18 L.Jayasree, 50/F Kattathurai House wife	DM Since 5 yrs	Dengue fever	Not hin g Rel eva nt			MIND- Emotions effects-Grief, sorrow. LOCOMOTOR SYSTEM, Rheumatism, Erratic, wandering pains. LOCOMOTOR SYSTEM, Rheumatism, Joints,small LOCOMOTOR SYSTEM- Joints-Stiffness. LOCOMOTOR SYSTEM, Rheumatism, Concomitants, Restlessness. LOCOMOTOR SYSTEM, Rheumatism, Aggravation, from,Warmth. LOCOMOTOR SYSTEM, Rheumatism, Amelioration, In Open air.	11	8.5	2 +	1 +	15 0/ 82	14 8/ 80	204	226	Pulsatilla 30	48	71	Impr oved
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22	711/18 D.Babu, 42/M Aruman ai Coolie	DM Sinc e 6 yrs	Not hing Rela vant	Not hin g Rel eva nt	Palpit ion of heart A/F- Grief. Burnin g sensati on with constric ting pain in urethra Palpitat ion associat ed with empty feeling sensati on of abdome n. < after eating. Involun tary urinary flow at night.	Palpit ation of heart feels better than before . Constr icting pain in urethr a slightl y better than before . Weak ness feels better. Involu ntary urinati on feels better than before .	CIRCULATOR Y SYSTEM- Heart- Palpitation- Cause-Grief. URINARY SYSTEM- Urethra-Pain- Constricting. URINARY SYSTEM- Urethra- Burning- smarting,heat. CIRCULATOR Y SYSTEM- Heart- Palpitations- Concomitants- with weakness, empty feeling. CIRCULATOR Y SYSTEM- Heart- Palpitations- Aggravation- After eating. URINARY SYSTEM- Urinary flow- Involuntary-At night.	5.7 1	5.4	1 +	1 +	12 0/ 80	13 0/ 80	178	176	Calc carb 30	49	74	Impr oved
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23	2544/18 Karthik, 42/M Kodaikanal Business	DM Since 4 yrs	Nothing Relevant	Nothing Relevant	Burning pain in stomach. Sensation of trembling present. Associated with palpitation of heart. Vertigo present A/F- Gastroenteric derangement. <shaking head. Frequent desire urination at night.	Burning pain in stomach slightly better than before. Palpitation of heart present. Vertigo feels better than before. Frequent urinary flow better than before.	VERTIGO, Cause and type Gastro-enteric derangement. STOMACH- Pain-Type- Burning as from ulcer. STOMACH- Sensation- Trembling. VERTIGO, Concomitants, Palpitation, heart symptoms. VERTIGO, Occurrence, When, shaking or turning head. URINARY SYSTEM- Urinary flow- Frequent desire- at night.	9.8 7	8	1 +	1 +	13 2/ 80	12 6/ 80	190	190	Arg nit 200	59	77	Improved
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24	2762/18 Deva Dasan, 51/M Aruman ai Busines s	DM Sinc e 8 yrs	Not hing Rele vant	Gra nd mot her - Dia bete s	Frequ ent ineffect ual urging of stool with distensi on of abdome n. Associa ted with backac he. <emoti onal excitem ent Increas ed appetite before noon.	Frequ ent urging of stool feels better than before . Backa che presen t. Disten sion of abdom en feels better.	ABDOMEN, Constipation, Cause and type, in rheumatic subjects, Flatulence, indigestion ABDOMEN, Constipation, Type of stool, Frequent, ineffectual urging. ABDOMEN- Flatulency- Distention, fullness, heaviness ABDOMEN, Constipation, Concomitants, Backache. MODALITIES- Aggravation- Emotional excitement. STOMACH- Appetite- Increased- Hungry-before noon.	10	7.5	2 +	1 +	12 6/ 78	12 8/ 90	204	220	Sulphur 30	55	77	Impr oved
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25	1951/18 Soman. K,50/M Irenipur am Watchm an	DM Sinc e 7 yrs	Pne umo nia	Sist er - Dia bete s	Irregula r stool A/F- After mental shock. Dry, difficul t to pass stool with burning sensati on of abdome n. Associa ted with enuresi s. Weakn ess present Involun tary urination at night.	Diffic ult to pass stool feels better thsan before . Burni ng sensati on feels better. Weak ness presen t. Involu ntary urinati on at night better than before .	ABDOMEN - Constipation,Ca use and type, from –mental shock, nervous strain. ABDOMEN - Constipation,Ty pe of stool,Dry, difficult,scanty. GENERALITIE S-Sensation of – Burning. ABDOMEN- Constipation,Co ncomitants,Enur esis. URINARY SYSTEM- Diabetes-with debility. URINARY SYSTEM- Urinary flow- Involuntary- at night.	6.3	7.5	1 +	2 +	14 0/ 86	14 0/ 80	230	212	Causticum 200	54	68	Impr oved
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26	3383/17 Santha Nager coil 46/f House wife	DM Sinc e 10 yrs	Not hing Rela vant	Not hin g Rel eva nt	Dull aching pain in forehea d cause mental exertio n. < bendin g head forward . Sensati on of numbn ess present. Restles sness with increas ed thirst.	Dull, aching pain in forehe ad feels better than before . Sensat ion of numb ness of body feels better. Thirst norma l.	HEAD- Headache- Cause-Mental exertion or nervous exhaustion. HEAD- Headache- Character of pain- Aching,dull. HEAD- Headache- Location- Frontal. GENERALITIE S-Sensation of – Numbness. URINARY SYSTEM- Diabetes-with- melancholia,thir st,restlessness. HEADHeadache -Aggravation- bendinghead- Forward			2 +	2 +	13 6/ 80	12 8/ 90	212	198	Ignatia 30	49	74	Impr oved
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27	5775/17 Jaeppiyar, 53/M Arumani Business	DM Since 8 yrs	Nothing Relevant	Nothing Relevant	Colicky pain in umbilical region A/F- Gastric disorder. Burning heat sensation on present Associated with suppression of urine. < 4-5 p.m. > Pressure.	Colicky pain in umbilical region feels better. Burning sensation slightly present. Suppression of urine slightly better.	MIND- Emotions effects-Grief, sorrow. ABDOMEN- Colic pain-Type of pain-Colicky, crampy, constricting. ABDOMEN- Colic pain- Location- Umbilical. ABDOMEN- Burning heat. ABDOMEN- Colic pain- Concomitants- urine suppressed. ABDOMEN- Colic pain- Aggravation- about 4-5 p.m. ABDOMEN- Colic pain- Amelioration from pressure.	8.2	6.7 5	1 +	1 +	13 0/ 78	13 2/ 70	186	184	Colocynth 30	48	74	Improved
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28	8467/12 Jayanthi Bai 55/F House wife	DM Sinc e 7 yrs	Not hing rele vant	Not hin g rele van t	Burnin g pain in stomac h A/F- anger, bad news Heartb urn present. Stomac h pain associat ed with pain in throat and spine alternat ely. Freque nt urinary flow at night.	Burni ng pain I stoma ch slightl y better than before . Heartb urn slightl y presen t. Frequ ent urinati on feels better than before .	MIND- Emotions effects- Anger,bad news,disappoint ment .STOMACH – Pain – Type – Burning, as from ulcer. STOMACH - Symptoms and Conditions – Heartburn, pyrosis. STOMACH - Pain – With – Pain in throat and spine alternately. URINARY SYSTEM – Urinary flow – frequent Urination – At Night URINARY SYSTEM – Diabetes – With Debility	9.0 4	8.8 9	2 +	1 +	14 2/ 10 0	14 0/ 90	256	300	Natrum mur 30	61	82	Impr oved
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29	13621/13 Mariya Mathele na 56/F Marthandam	DM Since 9 yrs	Nothing Relevant	Nothing Relevant	Aching pain in feet A/F - grief. Numbness present. Itching on feet , Scratch ing, warmth of bed. Increased thirst with restless ness.	Aching pain in feet feels slightly better than before . Numbness present. Itching feels better. Thirst normal	MIND- Emotions effects-Grief, sorrow. LOCOMOTOR SYSTEM - Feet -Pain- Aching, bruised LOCOMOTOR SYSTEM - Feet -Numbness, formication, go asleep. LOCOMOTOR SYSTEM - Feet - Itching - Worse on scratching, warmth of bed URINARY SYSTEM - Diabetes-with-melancholia, thirst, restlessness.	8.15	9.79	1+	2+	152/90	142/80	226 mg/dl	208 mg/dl	Ammonium mur 200	51	72	Improved
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30	474/12 Rajeswari,61/F Ponmanai	DM Since 9 yrs	Hypertension	Nothing Relevant	Itching of hands A/F-sad, sentimental. Itching followed by bleeding, burning pain. < Scratch ing > Cold application Weakness present.	Itching of hands slightly better than before. Bleeding slightly reduced. Weakness feels better.	MIND-Mood and disposition- Sad-sentimental, sighing. SKIN – Pruritus of – hands, arms. SKIN-Pruritus- followed by- bleeding, pains, burning. SKIN – Pruritus – followed by – change of site of itch. SKIN – Pruritus – Worse from – Scratching. SKIN – Pruritus – ameliorated from – cold. URINARY SYSTEM – Diabetes – with – Debility.	9.1	8	3 +	2 +	11 0/ 70	11 0/ 82	302	322	Sulphur 30	52	77	Improved
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